Gulstonian Lectures

ON THE

RELATIONS BETWEEN BODY AND MIND,

AND BETWEEN

MENTAL AND OTHER DISORDERS OF THE NERVOUS SYSTEM.

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LECTURE II.—PART I.

GENTLEMEN,—In my last lecture I gave a general survey of the physiology of our mental functions, showing how indissolubly they are bound up with the bodily functions, and how barren must of necessity be a study of mind apart from body. I pointed out that the higher mental operations were functions of the supreme nerve centres; but that, though of a higher and more complex nature than the functions of the lower nerve centres, they obeyed the same physiological laws of evolution, and could be best approached through a knowledge of them. I now propose to show that the phenomena of the derangement of mind bear out fully this view of its nature; that we have not to deal with disease of a metaphysical entity, which the method of inductive inquiry cannot reach, nor the resources of the medical art touch, but with disease of the nervous system, disclosing itself by physical and mental symptoms. I say advisedly physical and mental, because in most, if not all, cases of insanity, at one period or other of their course, there are, in addition to the prominent mental features, symptoms of disordered nutrition and secretion, of disordered sensibility, or of disordered motility. Neither in health nor in disease is the mind imprisoned in one corner of the body; and when a person is lunatic, he is, as Dr. Bucknill has remarked, lunatic to his fingers' ends.

Mental disorders are neither more nor less than nervous diseases in which mental symptoms predominate, and their entire separation from other nervous diseases has been a sad hindrance to progress. When a blow on the head has paralysed sensibility and movement, in consequence of the disease in the brain which it has initiated, the patient is sent to the hospital; but when a blow on the head has caused mental derangement, in consequence of the disease of brain which it has initiated, the patient is sent to an asylum. In like manner, one man who has unluckily swallowed the eggs of a tænia, and has got a cysticercus in the brain, may go to the hospital; another who has been similarly unlucky goes to an asylum. Syphilitic disease of the brain or its arteries lands one person in an asylum with mental symptoms predominant; another in an hospital with sensory and motor disorder predominant. The same cause produces different symptoms, according to the part of the brain which it particularly affects. No doubt it is right that mental derangements should have, as they often require, the special appliances of an asylum, but it is certainly not right that the separation which is necessary for treatment should reach to their pathology and to the method of its study. So long as this is the case, we shall labour in vain to get exact scientific ideas concerning their causation, their pathology, and their treatment.

Clearing, then, the question as completely as possible from the haze which metaphysics has cast around it, let us ask—How comes idiocy, or insanity? What is the scientific meaning of them? We may take it to be beyond question that they are not accidents; that they come to pass, as every other event in nature does, by natural law. They are mysterious visitations only because we understand not the laws of their production, appear casualties only because we are ignorant of their causality. When a blow on the head or an inflammation of the membranes of the brain has produced derangement of mind, we need not look further for a cause: the actual harm done to structure is sufficient to account for disorder of function in the best-constituted and best-developed brain. But it is only in a small proportion of cases of insanity that we can discover such a direct physical occasion of disease. In a great many cases—in more than half, certainly, and perhaps in five out of six—there is something in the nervous organisation of the person, some native peculiarity, which, however we name it, predisposes him to an outbreak of insanity. When two persons undergo a similar moral shock, or a similar prolonged anxiety, and one of them goes mad in consequence, while the other goes to sleep and goes to work and recovers his equanimity, it is plain that all the co-operating conditions have not been the same, that the entire cause has been different. What then has been the difference? In the former case there has been present a most important element which was happily wanting in the latter—there has been a certain hereditary neurosis, an unknown and variable quantity in the equation.

Perhaps of all the erroneous notions concerning mind which metaphysics has engendered or abetted, there is none more false than that which tacitly assumes or explicitly declares that men are born with equal original mental capacity, opportunities and education determining the differences of subsequent development. The opinion is as cruel as it is false. What man can by taking thought add one cubic cither to his mental or to his bodily stature? Multitudes of human beings come into the world weighted with a destiny against which they have neither the will nor the power to contend; they are the step-children of nature, and groan under the worst of all tyrannies—the tyranny of a bad organisation. Men differ, indeed, in the fundamental characters of their minds as they do in the features of their countenances, or in the habits of their bodies; and between those who are born with the potentiality of a full and complete mental development, under favourable circumstances, and those who are born with an innate incapacity of mental development, under any circumstances, there exists every gradation. What teaching could ever raise the congenital idiot to the common level of human intelligence? What teaching could ever keep the inspired mind of the man of genius at that level?

The congenital idiot is deprived of his human birthright; for he is born with such a defect of brain that he cannot display any, or can only display very feeble and imperfect, mental functions. From no fault of his own is he thus afflicted, seeing that he must be held innocent of all offence but the offence of his share of original sin; but it is nowise so clear that it is not from some fault of his parents. It is all too true that, in many cases, there has observably been a neglect or disregard of the laws which govern the progress of human development through the ages. Idiocy is, indeed, a manufactured article; and although we are not always able to tell how it is manufactured, still its important causes are known, and are within control. Many cases are distinctly traceable to parental intemperance and excess. Out of 300 idiots in Massachusetts, Dr. Howe found as many as 145 to be the offspring of intemperate parents; and there are numerous scattered observations which prove that chronic alcoholism in the parent may directly occasion idiocy in the child. I think, too, that there is no reasonable question of the ill-effect of marriages of consanguinity: that their tendency is to produce degeneracy of the race, and idiocy as the extremest form of such degeneracy. I do not say that *all* the children of such marriages may not sometimes be healthy, and *some* of them quite healthy at other times; but the general and ultimate result of breeding in and in is to produce barrenness and sterility, children of a low degree of viability, and of imperfect mental and physical development—deaf-mutism, and actual imbecility or idiocy. Again, insanity in the parent may issue in idiocy in the offspring, which is, so to speak, the natural term of mental degeneracy when it proceeds unchecked through generations. It may be affirmed with no little confidence, that if the experiment of intermarrying insane persons for two or three generations were tried, the result would be sterile idiocy and extinction of the family. Certain unfavourable conditions of life tend unquestionably to produce degeneracy of the individual; the morbid predisposition so generated is then transmitted to the next generation, and, if the unfavourable conditions continue, is aggravated in it; and thus is formed a morbid

variety of the human kind, which is incapable of being a link in the line of progress of humanity. Nature puts it under the ban of sterility, and thus prevents the permanent degradation of the race. Morel has traced, through four generations, the family history of a youth who was admitted into the asylum at Rouen in a state of stupidity and semi-idiocy; the summary of which may fitly illustrate the natural course of degeneracy when it goes on through generations.

First generation: Immorality, depravity, alcoholic excess, and moral degradation, in the great-grandfather, who was killed in a tavern brawl.

Second generation: Hereditary drunkenness, maniacal attacks, ending in general paralysis, in the grandfather.

Third generation: Sobriety, but hypochondriacal tendencies, delusions of persecutions, and homicidal tendencies, in the father.

Fourth generation: Defective intelligence. First attack of mania at sixteen; stupidity, and transition to complete idiocy. Furthermore, probable extinction of the family; for the generative functions were as little developed as those of a child of twelve years of age. He had two sisters who were both defective physically and morally, and were classed as imbeciles. To complete the proof of heredity in this case, Morel adds that the mother had a child while the father was confined in the asylum, and that this adulterous child showed no signs of degeneracy.

When epilepsy in young children leads to idiocy, as it often does, we must generally look for the deep root of the mischief in the family neurosis.

No one can well dispute that in the case of such an extreme morbid variety as a congenital idiot is, we have to do with a defective nervous organisation. We are still, however, without more than a very few exact descriptions of the brains of idiots. Mr. Marshall has recently examined and described the brains of two idiots of European descent. He found the convolutions to be fewer in number, individually less complex, broader, and smoother than in the apes; "in this respect," he says, "the idiots' brains are even more simple than that of the gibbon, and approach that of the baboon." The condition was the result neither of atrophy nor of mere arrest of growth, but consisted essentially in an imperfect evolution of the cerebral hemispheres or their parts, dependent on an arrest of development. The proportion of the weight of brain to that of body was extraordinarily diminished. We learn, then, that when man is born with a brain no higher—indeed lower—than that of an ape, he may have the convolutions fewer in number, and individually less complex, than they are in the brain of a chimpanzee and an orang; the human brain may revert to, or fall below, that type of development from which, if the theory of Darwin be true, it has gradually ascended by evolution through the ages.

With the defect of organ there is a corresponding defect of function. But there is sometimes more than a simple defect. A curious and interesting fact, which has by no means yet received the consideration which it deserves, is that, with the appearance of this animal type of brain in idiocy, there do sometimes appear or reappear remarkable animal traits and instincts. There is a class of idiots which may justly be designated *theroid*, so like brutes are the members of it. The stories of so-called wild men, such as Peter the wild boy, and the young savage of Aveyron, who ran wild in the woods, and lived on acorns, and whatever else they could pick up there, were certainly exaggerated at the time. These degraded beings were evidently idiots, who exhibited a somewhat striking aptitude and capacity for a wild animal life. Dr. Carpenter, however, quotes the case of an idiot girl, who was seduced by some miscreant, and who, when she was delivered, gnawed through the umbilical cord as some of the lower animals do. And Dr. Crichton Browne, of the West Riding Asylum, records a somewhat similar case in a young woman, not an idiot naturally, but who had gone completely demented after insanity. She had been in the habit of escaping from home, and of living in solitude in the woods, feeding upon wild fruits, or what she could occasionally beg at a cottage, and sleeping in the brushwood. She had frequently lived in this manner for a fortnight at a time. During one of these absences she was delivered of twins; she had sought out a sheltered hollow, and there, reverting to a primitive instinct, gnawed through the umbilical cord. The twins were alive when found two days after birth, but the mother was in a very exhausted state, having had no food or covering since her delivery. "We have at Salpétrière," says Esquirol, "an imbecile woman, who used to earn a few sous by doing rough household work. It has happened on several occasions that as soon as she got her sous she took them to a labourer, and gave herself up to his brutality; but when she was pregnant she went no more to him."

In the conformation and habits of other idiots the most careless observer could not help seeing the ape. A striking instance of this kind is described by Dr. Mitchell, Deputy Commissioner in Lunacy for Scotland. "I have never," he says, "seen a better illustration of the ape-faced idiot than in this case. It is not, however, the face alone that is ape-like. He grins, chatters, and screams like a monkey, never attempting a sound in any way resembling a word. He puts himself in the most ape-like attitude in his hunts after lice, and often brings his mouth to help his hands. He grasps what he brings to his mouth with an apish hold. His thumbs are but additional fingers. He has a leaping walk. He has heavy eyebrows, and short hair on his cheek or face. He is muscular, active, and not dwarfish. He sits on the floor in ape fashion, with his genitals always exposed. He has filthy habits of all kinds. He may be called an idiot of the lowest order; yet there is a mischievous, brute-like intelligence in his eye. His head is not very small, its greatest circumference being twenty inches and a half, but in shape it strongly exhibits the ape-form of abnormality."

Pinel has recorded the case of an idiot who was something like a sheep, both in respect of her tastes, her mode of life, and the form of her head. She had an aversion to meat, and ate fruit and vegetables greedily, and drank nothing but water. Her demonstrations of sensibility, joy, or trouble, were confined to the repetition of the ill-articulated words, *bé, ma, bah*. She alternately bent and raised her head, and rubbed herself against the belly of the girl who attended her. If she wanted to resist or express her discontent, she tried to butt with the crown of her head; she was very passionate. Her back, her loins, and shoulders were covered with flexible and blackish hairs, one or two inches long. She never could be made to sit on a chair or bench, even when at meals; as soon as she was placed in a sitting posture, she glided on the floor. She slept on the floor in the posture of animals.

Dr. Crichton Browne has now under care, in the West Riding Asylum, a deformed idiotic girl, who in general appearance and habits has points of resemblance to a goose; so much so, that the nurses who received her described her as just like "a plucked goose." Her father died in the asylum, and her mother's sister was also a patient in it at one time. She is 4 ft. 2 in. in height, has a small head, and thin and scanty hair, so that the crown of the head is partially bald. The eyes are large, round, prominent, and restless, and are frequently covered by the eyelids, as if by a slow, forcible effort at winking. The lower jaw is large, projecting more than one inch beyond the contracted upper jaw, and possesses an extraordinary range of antero-posterior, as well as lateral, movement; the whole configuration of the lower part of the face having a somewhat bill-like appearance. The neck is unusually long and flexible, and is capable of being bent backwards so as actually to touch the back between the scapulæ. The cutis anserina is general over the body, but is most marked on the back and dorsal aspects of the limbs, where it looks exactly as if it had been just deprived of feathers. The inferior angles of the scapulæ stand prominently out, and moving freely with the movements of the arms have precisely the appearance of rudimentary wings. The girl utters no articulate sounds, but expresses pleasure by cackling like a goose, and displeasure by hissing or screeching like a goose, or perhaps like a macaw. When angry, she flaps her arms against her sides, and beats her feet upon the floor. She knows her own name, and understands one or two short sentences, such as "Come here" and "Put out your hand." She recognises the persons who attend upon her and feed her, and is much agitated if touched by a stranger. She cannot feed herself, but swallows voraciously all that is put into her mouth, showing no preference for one article of diet over another. She is dirty in her habits, and no amount of attention has improved her in this respect. She is very fond of her bath, cackling when she is put into it, and screeching when she is taken out of it.

It is a natural question, Whence come these animal traits and instincts in man? Whence was derived the instinct which taught the idiot woman to gnaw through the umbilical cord? Was it really the reappearance of a primitive instinct of animal nature—a faint echo from a far distant past testifying to a kinship which man has almost outgrown, or has grown too proud to acknowledge? No doubt such animal traits are marks of extreme human degeneracy, but it is no explanation to call them so; degenerations come by law, and are as natural as natural law can make them. Instead of passing them by as abnormal, or, worse still, stigmatising them as unnatural, it behoves us to seek for the scientific interpretation which they must certainly have. When we reflect that every human brain does, in the course of its development, pass through the same stages as the brains of other vertebrate animals, and that its transitional states resemble the permanent forms of their brains; and when we reflect further, that the stages of its development in the womb may be considered the abstract and brief chronicle of a series of developments that have gone on through countless ages in nature, it does not seem so wonderful, as at the first blush it might do, that it should, when in a condition of arrested development, sometimes display animal instincts. Summing up, as it were, in itself the leading forms of the vertebrate type, there is truly a brute brain within the man's; and when the latter stops short of its characteristic development as *human*—when it remains arrested at or below the level of an orang's brain, it may be presumed that it will manifest its most primitive functions, and no higher functions.

I am not aware of any other considerations than those just adduced which offer even the glimpse of an explanation of the origin of these animal traits in man. We need not, however, confine our attention to idiots only. Whence come the savage snarl, the destructive disposition, the obscene language, the wild howl, the offensive habits, displayed by some of the insane? Why should a human being deprived of his reason ever become so brutal in character as some do, unless he has the brute nature within him? In most large asylums there is one, or more than one, example of a demented person who truly ruminates: bolting his food rapidly, he retires afterwards to a corner, where at his leisure he quietly brings it up again into the mouth and masticates it as the cow does. I should take up a long time if I were to enumerate the various brute-like characteristics that are at times witnessed among the insane; enough to say that some very strong facts and arguments in support of Mr. Darwin's views might be drawn from the field of morbid psychology. We may, without much difficulty, trace savagery in civilisation, as we can trace animalism in savagery; and in the degeneration of insanity, in the *unbinding*, so to say, of the human kind, there are exhibited marks denoting the elementary instincts of its composition.

It behoves us, as scientific inquirers, to realise distinctly the physical meaning of the progress of human intelligence from generation to generation. What structural differences in the brain are implied by it? That an increasing purpose runs through the ages, and that "the thoughts of men are widened with the process of the suns," no one will call in question; and that this progress has been accompanied by a progressive development of the cerebral hemispheres, the convolutions of which have increased in size, number, and complexity, will hardly now be disputed. Whether the fragments of ancient human crania which have been discovered in Europe do or do not testify to the existence of a barbarous race that disappeared before historical time, they certainly mark a race not higher than the lowest surviving human variety. Dr. Prichard's comparison of the skulls of the same nation at different periods of its history led him to the conclusion that the present inhabitants of Britain, "either as the result of many ages of great intellectual cultivation, or from some other cause, have much more capacious brain-cases than their forefathers." Yet stronger evidence of a growth of brain with the growth of intelligence is furnished by an examination of the brains of existing savages. Gratiolet has figured and described the brain of the Hottentot Venus, who was nowise an idiot. He found a striking simplicity and a regular arrangement of the convolutions of the frontal lobes, which presented an almost perfect symmetry in the two hemispheres, involuntarily recalling the regularity and symmetry of the cerebral convolutions in the lower animals. The brain was palpably inferior to that of a normally developed white woman, and could only be compared with the brain of a white idiotic from arrest of cerebral development. Mr. Marshall has also recently examined the brain of a Bushwoman, and has discovered like evidence of structural inferiority: the primary convolutions, although all present, were smaller and much less complicated than in the European; the external connecting convolutions were still more remarkably defective; the secondary sulci and convolutions were everywhere decidedly less developed; there was a deficiency of transverse commissural fibres; and in size, and every one of the signs of comparative inferiority, "it leaned, as it were, to the higher quadrumanous forms." The developmental differences between this brain and the brain of a European were in fact of the same kind as, though less in degree than, those between the brain of an ape and that of man. Among Europeans the average weight of the brain is greater in educated than in uneducated persons; its size—other circumstances being equal—bearing a general relation to the mental power of the individual. Dr. Thurnam concludes, from a series of carefully-compiled tables, that while the average weight of the brain in ordinary Europeans is 49 ounces, it is 54·6 ounces in distinguished men; and Professor Wagner found a remarkably complex arrangement of the convolutions in the brains of five very eminent men which he examined. Thus, then, while we take it to be well established that the convolutions of the human brain have undergone a considerable development through the ages, we may no less justly conclude that its larger, more numerous, and complex convolutions reproduce the higher and more varied mental activity to the progressive evolution of which their progressive increase has answered—that they manifest the kind of function which has determined the structure. The vesicular neurine has increased in quantity and in quality, and the function of the increased and more highly-endowed structure is to display that intelligence which it unconsciously embodies. The native Australian, who is one of the lowest existing savages, has no words in his language to express such exalted ideas as justice, love, virtue, mercy; he has no such ideas in his mind, and cannot comprehend them. The vesicular neurine which should embody them in its constitution and manifest them in its function, has not been developed in his convolutions; he is as incapable, therefore, of the higher mental displays of abstract reasoning and moral feeling as an idiot is, and for a like reason. Indeed, were we to imagine a person born in this country, at this time, with a brain of no higher development than the brain of an Australian savage or a Bushman, it is perfectly certain that he would be more or less of an imbecile. And the only way, I suppose, in which beings of so low an order of development could be raised to a civilised level of feeling and thought would be by cultivation continued through several generations; they would have to undergo a gradual process of humanisation before they could attain to the capacity of civilisation.

Some who one moment own freely the broad truth that all mental manifestations take place through the brain go on, nevertheless, to straightway deny that the conscience or moral sensibility can be a function of organisation. But if all mental operations are not in this world equally functions of organisation, I know not what warrant we have for declaring any to be so. The solution of the much-vexed question concerning the origin of the moral sense seems to lie in the considerations just adduced. Are not, indeed, our moral intuitions results of the operation of the fundamental law of nervous organisation by which that which is consciously acquired becomes an unconscious endowment, and is then transmitted as more or less of an instinct to the next generation? They are examples of knowledge which has been hardly gained through the suffering and experience of the race being now inherited as a natural or instinctive sensibility of the well-constituted brain of the individual. In the matter of our moral feelings we are most truly the heirs of the ages. Take the moral sense, and examine the actions which it sanctions and those which it forbids, and thus analyse, or, as it were, decompose, its nature, and it will be found that the actions which it sanctions are those which may be proved by sober reason to be conducive to the well-being and the progress of the race, and that its prohibitions fall upon the actions which, if freely indulged in, would lead to the degeneration, if not extinction, of man-

kind. And if we could imagine the human race to live back again to its earliest infancy—to go backwards through all the scenes and experiences through which it has gone forward to its present height—and to give back from its mind and character at each time and circumstance, as it passed it, exactly that which it gained when it was there before,—should we not find the fragments and exuviæ of the moral sense lying here and there along the retrograde path, and a condition at the beginning which, whether simian or human, was bare of all true moral feeling?*

We are daily witnesses of, and our daily actions testify to, the operation of that plastic law of nervous organisation by which separate and successive acquisitions are combined and so intimately blended as to constitute apparently a single and undecomposable faculty: we observe it in the formation of our volitions; and we observe it, in a more simple and less disputable form, in the way in which combinations of movements that have been slowly formed by practice are effected finally as easily as if they were a single and simple movement. If the moral sense—which is derived, then, inasmuch as it has been acquired in the process of human development through the ages—were not more or less innate in the well-born individual of this age, if he were obliged to go, as the generations of his forefathers have gone, through the elementary process of acquiring it, he would be very much in the position of a person who, on each occasion of writing his name, had to go through the elementary steps of learning to do so. The progressive evolution of the human brain is a proof that we do inherit as a natural endowment the laboured acquisitions of our ancestors; the added structure represents, as it were, the embodied experience and memories of the race; and there is no greater difficulty in believing that the moral sense may have been so formed, than in believing, what has long been known and is admitted on all hands, that the young fox or young dog inherits as an instinct the special cunning which the foxes and the dogs that have gone before it have had to win by hard experience.

These remarks are not an unnecessary digression. Nor will they have been made in vain if they serve to fix in our minds the conviction that the law of progressive evolution and specialisation of nerve-centres, which may be traced generally from the first appearance of nerve-tissue in the lowest animals to the complex structure of the nervous system of man, and specially from the rudimentary appearance of cerebral convolutions to the numerous and complex convolutions of the human brain, does not abruptly cease its action at the vesicular neurine of the hemispheres, but continues in force within the intimate recesses of the mental organisation. Moreover, they are specially to the purpose, seeing that they enable us to understand in some sort how it is that a perversion or destruction of the moral sense is often one of the earliest symptoms of mental derangement: as the latest and most exquisite product of mental organisation, the highest bloom of culture, it is the first to testify to disorder of the mind-centres. Not that we can detect any structural change in such case; it is far too delicate for that. The wonder would, indeed, be if we could discover such more than microscopical changes with the instruments of research which we yet possess. We might almost as well look to discover the anatomy of a gnat with a telescope.

* Foster, in his "Essay on Decision of Character," makes this conception of the individual character, almost in the words used; but the application of it to the race, and the conclusion drawn, are of course not his.

ON

HYDRATE OF CHLORAL IN CANCER.

BY WEEDEN COOKE,

SURGEON TO THE CANCER HOSPITAL.

BEING ever on the watch for remedial agents which may mitigate the sufferings of patients afflicted with cancer in its various forms, when the local affection cannot be removed by operation, I have recently employed the hydrate of chloral, with the view of testing its hypnotic value as compared with the different preparations of opium and its alkaloids, administered either by the mouth, by the rectum, or hypodermically; and also as compared with the expressed juices of hemlock, henbane, and belladonna, now so admirably prepared by our pharmaceutical coadjutors, and advocated in an exhaustive treatise by one of the most self-sacrificing and painstaking physicians of this era—Dr. John Harley.

It will be useful, perhaps, to make some comparative reference to the value of these accepted remedies before venturing on an estimate of this more recently introduced agent, which is supposed to dominate over that grievous scourge of humanity, pain, and its consequence, sleeplessness. I would premise that food is, before all other things, the best stayer of chronic disease and of pain; and that only when pain overrides the assimilative power is it necessary or desirable to employ therapeutic agents for its relief. For this reason: that, as far as I know, with the exception I am about to record, soporific remedies diminish the powers of digestion; and so the disease—the evil, the destructive power, triumphs over the good, the creative power. I speak not of a temporary employment of sedatives given to secure a night's rest after an operation, the value of which all acknowledge, but of the continuous use of these agents in severe cases beyond the reach of surgery.

The decisive results obtained from the preparations of opium and its salts need no illustration from me. The advantages and the disadvantages are well known. Perhaps the local employment of opium is less used than it seems to deserve. For instance, in cancer of the uterus and of the rectum, the injection into the rectum of a *tea*-spoonful of fluid, containing the dose of opium desired to be administered, is attended with greater and better results than when administered either by the mouth or by the vagina, and the small quantity employed enables the sphincter to retain the whole of it. The watery extract of opium is invaluable as a local application in all painful affections. I do not desire to say a word in deterioration of the subcutaneous injection of these remedies; but where there is an ulcer or abrasion of skin there can be no necessity for the use of the syringe; and where there is not, I am sorry to say that many patients refuse to undergo daily prickings with these little instruments.

Morning sickness and loss of appetite are the penalties paid for a night's sleep produced by opium or morphia frequently administered. Then we come to try the effects of conium, as has been done before many a time and oft, but now with the advantage of a certain dose, artistically prepared under skilled advice. With the greatest faith, with ardent hope, and with occasional success, I have worked conium by itself, in combination with hyoscyamus, in combination with belladonna, and conjointly with bark, thoroughly, and I still use it advantageously in some cases; but I regret to say it does not supply the need. It does not give relief from pain without disturbing the digestive process. Neither does belladonna or hyoscyamus, given alone, or in combination. Turning then to chloral, that strange liquid discovered by Liebig more than twenty years ago, which by the addition of another liquid, water, becomes a solid, the hydrate of chloral, first employed, I believe, as a hypnotic in Germany by Liebreich not many months since, there arises a hope that we have in view a method of relieving pain which shall not interfere with the healthy assimilation of food, and which may be employed without producing any sort of unconsciousness; a consummation hinted at and sought for especially by our distinguished *collaborateur*, Dr. Richardson, in all his inquiries respecting anæsthetic agents. Long experience of the frequent failures of newly-projected remedies in cancer has made me slow to express publicly any opinion respecting the use of hydrate of chloral; but the results obtained in the cases in which I have employed it are so charming, so persistent, that, fortified by the published experience of others, I feel bound to add mine in confirmation of the excellent results obtained from the judicious use of this drug; and also a remark or two on the doses which will probably be found most efficient and innocuous.

The cases I have to record are these:—

1. A poor fellow, aged about fifty, has epithelioma running up the rectum, and spreading itself externally about the anus. He has been in several hospitals. By the employment of opium and conium externally and internally, the pain is abated, but his digestion, which is naturally good, is thereby much upset. He was put upon ten grains of

hydrate of chloral, three times a day, since which he has been more free from pain, and the digestion is not now interfered with.

2. In a case of advanced cancer of the uterus, attended with much acute suffering, especially in the back, twenty grains of the hydrate of chloral always produces a comfortable night's rest, and no morning sickness.

3. A bad case of epithelioma of the ear, extending to the scalp, attended with much pain, and the patient is subject to frequent attacks of gout. Ten grains of the hydrate of chloral, given three times a day. By this he is made perfectly comfortable, and there is no sickness. He takes his food well, and the gout has subsided.

4. A very bad case of epithelioma of cheek, with perforation, attended with much pain and difficulty in taking food. Sleeps well with twenty grains of chloral. No morning sickness. Appetite good.

5. I was recently called to see a very anæmic lady, suffering from sloughing cancer of the right breast, attended with much sickness and severe pain. Apparently dying. She has been restored to comfort and appetite by ten grains of chloral with five minims of prussic acid, three times a day.

6. A most painful case of psoriasis of the lips and fauces, the mucous membrane being quite destroyed, leaving a raw surface. A long time under treatment by various surgeons. Relieved entirely from pain by ten grains of chloral three times a day, enabling the patient to take food comfortably, which has not been the case for a long time.

7. A bad case of cancer of the tongue. Great pain and inconvenience in taking food. Much relieved, and the facility of taking food greatly increased, by ten grains of chloral three times a day. Sleeps well since taking the chloral.

8. Another case of uterine cancer, with great pain in the back, is made comfortable by ten grains of chloral three times a day. Pain in back gone, takes food well, and sleeps well.

In one case of uterine cancer, the patient prefers the injection of opium into the rectum, as being more efficient in the relief of pain; and in another case of cancer of the breast, attended with severe bronchitis, there was a complaint of headache and some delirium at night. But I am inclined to think that the dose had been too large in this case—viz., thirty grains. Thus far, as a night draught, I have found twenty grains quite sufficient. But when pain is persistent, the ten-grain dose three times a day gives the greatest satisfaction. There is no headache, no sickness, no loss of appetite, nothing to hinder the patient taking exercise, and, so far as the disease will permit, pursuing his usual avocation.

The method of administration suggested by Mr. Squire—namely, the addition of syrup of tolu and peppermint water, is perfectly satisfactory.

Trusting that these happy results may not prove fallacious or temporary, I present them hopefully and thankfully.

Upper Berkeley-street, April, 1870.

ON A PURELY MILK DIET IN THE TREATMENT OF DIABETES MELLITUS, BRIGHT'S DISEASE, DISEASE OF THE SUPRA-RENAL CAPSULES, FATTY DEGENERATION, &c.

BY ARTHUR SCOTT DONKIN, M.D.,

LECTURER ON FORENSIC MEDICINE TO THE UNIVERSITY OF DURHAM, AND PHYSICIAN TO THE SUNDERLAND INFIRMARY AND DISPENSARY.

(*Concluded from page 579.*)

THE pathological conditions of chronic parenchymatous nephritis being such as previously described, let us consider how they are beneficially affected by a skim-milk diet.

The first appreciable action of skim-milk, taken to the extent of six or seven pints daily, is that of a most energetic diuretic, a profuse flow of urine being rapidly produced. The effect of this, in Bright's disease, is to *flush* the uriniferous tubules, and to dislodge and wash out the concrete casts of diseased epithelial cells by which they are blocked up and distended. This emptying of the tubules relieves their pressure on the surrounding *secondary* capillaries; the blood begins to flow more freely through them: the distension of the *primary* Malpighian capillaries is relieved, less and less albumen escapes through their walls until the renal circulation is gradually restored, when it finally disappears from the urine. While this beneficial change is progressing, healthy epithelium is developed in the tubules, and the urinary excrement is withdrawn from the blood. In short, a healthy nutrition becomes re-established in the kidneys through the agency of milk, which, above all other substances, seems to exercise a controlling influence over this process,—so much so that Dr. Karell, in the valuable contribution already referred to, in endeavouring to explain its curative power over many diseased conditions, calls it a "regulator of nutrition."

The administration of milk causes the immediate absorption into the blood of a large quantity of albumen in a condition specially prepared in the laboratory of nature for assimilation and nutrition, as well as every other substance requisite to nourish the body. Consequently, in the disease under consideration, it quickly restores the lost albumen to the blood, and removes its hydræmic condition; the specific gravity of the serum is soon raised to a healthy standard, and the deficient red corpuscles are replaced. Under these circumstances the dropsical effusion is rapidly absorbed. Milk, then, does not merely remove the dropsy by simply withdrawing a large quantity of water from the kidneys, as is done by ordinary diuretics, but, in addition, it prevents its *return* by restoring the healthy condition of the blood, and this, too, with a rapidity which cannot be effected by any other remedies.

It would be absurd to contend that cases of chronic parenchymatous nephritis so far advanced that the destruction to the kidneys is irreparable can be cured. Nevertheless two of the cases which I have recorded, as well as several others which have come under my own observation, convince me that most cases, in which the second stage is not too far advanced and the disease not complicated with others of a fatal character, can be cured by the treatment I have indicated.

In an able contribution in the *Edinburgh Medical Journal* for September, 1864, Dr. W. H. Dickinson, of London, introduced *water* to the profession as a most valuable remedy in the treatment of "albuminuria in children." He advocates the administration of water in large quantities in consequence of its non-irritating diuretic effect—the diuresis relieving the swollen distended tubules and the dropsy. The water treatment, however, is by no means so efficacious as the skim-milk method, and for the simple reason that it cannot replace the deficient albumen of the blood-serum nor the materials for the development of red corpuscles.

No better illustrations could possibly be furnished of the wonderful efficacy of an exclusive skim-milk diet in removing renal dropsy than the two cases recorded in my previous contribution. In the case of W. M—— the dropsy was so urgent as to threaten the immediate destruction of life; yet no less than 24 lbs. of dropsical fluid were removed in nine days, at the end of which period it had entirely disappeared. This case, however, illustrates the necessity of a rigid perseverance with the remedy; because, as already stated, the patient, thinking himself cured as soon as the dropsy had subsided, began, contrary to instructions, to partake of various kinds of food offered by the other patients in the ward, the result being a severe exacerbation of the disease and a rapid return of the dropsy, which threatened to be immediately fatal, but which, nevertheless, was again subdued by beginning the treatment *de novo*.

I have very seldom found the skim milk disagree with my patients, and never known it to produce diarrhœa. On the contrary, it generally induces constipation—a symptom which, though it frequently requires to be remedied by a mild laxative, I now regard as a certain indication that the milk is agreeing with the patient, and producing the beneficial operation for which it has been prescribed.

The milk may be given warm or cold, according to the inclination of the patient; it must not, however, be boiled, as a temperature of 212°, I feel certain, either seriously impairs or altogether destroys its therapeutic energy, possibly

by altering the molecular arrangement of its casein, or by destroying some vital agency with which it is endowed. As to the time of administration, it may be given in four meals daily, with an interval of four hours between each; or it may be taken at shorter intervals and in smaller quantities, but in such a way that six or seven pints are consumed by an adult in the course of twenty-four hours. Should the stomach be delicate, or digestion impaired, or should chronic vomiting exist, the treatment must be begun by giving one or two pints, or even less, in small divided doses during the first day, the quantity being gradually increased from day to day until the requisite amount is reached. In cases of chronic vomiting, bismuth may be prescribed at the same time with advantage, as well such many other remedies as may be indicated by the nature of the case. Should these precautions be taken, no difficulty or inconvenience will be experienced.

I must further add that the cream must be carefully skimmed from the milk, which, for this purpose, should previously stand twenty-four hours, when the weather will permit. The cream, in consequence of the butter which it contains, most certainly acts injuriously in the chronic affections amenable to this treatment; besides, it has a strong tendency, when taken in large quantities, to disorder the stomach. In diabetes it is most injurious.

I have had but one opportunity of treating a case of *disease of the supra-renal capsules* with a skim-milk diet, and with a result which I consider well worthy of being recorded. The appellation of "supra-renal asthenia," given to this remarkable affection by Jaccoud in his valuable essay on the subject,* is certainly appropriate, inasmuch as the characteristic asthenic cachexia invariably attending its progress is, as he justly terms it, "une asthénie croissant jusqu'à la mort." The case to which I refer is, I believe, the only one in which a recovery has been effected after the symptoms of the malady were unequivocally developed.

The patient, W. S——, aged forty-three, a tall, strongly built man, occupying an important post under the River Wear Commissioners, of temperate habits, and without any hereditary taint, began to lose flesh and strength, and to suffer from gastric pain and uneasiness, with loss of appetite. These symptoms continued to progress for eighteen months, at the end of which period he had lost four stones in weight. At this time—October, 1867—I began to attend him in consultation with my friend, Dr. Evans, of Sunderland, his medical attendant. The loss of flesh and strength was now so great that he was unable to rise from bed or dress himself without assistance. His pulse was feeble and very frequent, the frequency being greatly increased on assuming the sitting attitude. There was great emaciation and anæmia, loss of appetite, frequent vomiting, and great uneasiness and pain, with a feeling of numbness, in the epigastric and left hypochondriac regions. On the surface of the neck, thorax, and abdomen, in front, behind, and laterally, large irregularly shaped patches were observable, of a deep, distinct bronze colour; some of these patches were more than a foot long and nearly as broad. There was no elevation of the surface, nor alteration in the structure of the skin. Neither the face nor the extremities were affected. The bronzing was well developed and unmistakable, but the peculiar cachexia and asthenia were still more so. The condition of the patient led to the conclusion that he was labouring under serious organic disease; but as none could be detected in any of the important organs after most careful and repeated examinations, the diagnosis arrived at was, that he was labouring under Addison's disease; while the prognosis was of the most gloomy character.

Under these circumstances, the skim-milk diet was begun and rigidly followed out; and iodide or potassium in five-grain doses, and the same quantity of tincture of iodine thrice daily, were prescribed. Under this treatment the condition of the patient rapidly improved; and at the end of six weeks butcher's meat and bread were allowed to dinner in addition to the milk, and he was sent into the country, where he continued to improve and regain his flesh and strength, while the gastric symptoms gradually and finally subsided. The treatment was continued without alteration during the winter, and in the following spring his health was completely restored, so that in April he was examined by the members of the Sunderland Medico-Chirurgical Society at their meeting then held. It was then observed that he had regained about 2½ stones in weight; and that all the symptoms of the disease had disappeared, except the bronzing of the skin—a fact which tends to show that this peculiar discoloration, when once produced, is permanent and indelible, after every other indication of the disease to which it owes its origin has been removed. The patient when presented to the Society expressed himself to be quite well, and able to follow his usual occupation. He continued to enjoy increased strength and excellent health for eighteen months after this date. Unfortunately, however, in October, 1869, he began to suffer from shortness of breathing on exertion, and was suddenly and unexpectedly seized, on the 22nd of that month, with an attack of hæmoptysis, and died asphyxiated, apparently from the rupture of an aortic aneurism. An autopsy was not permitted by the relatives of the deceased; but certainly the cause of death had no connexion whatever with the original malady.

Space will not permit me fully to illustrate the therapeutic influence of a skim-milk diet in cases of fatty degeneration and obesity; the *modus operandi* of the remedy, however, is apparent. Skim-milk affords no pabulum for the development or nutrition of fat, existing either abnormally in diseased muscular fibre or in adipose tissue in cases of obesity. An exclusively skim-milk diet will therefore be found, in cases of polysarcia and of diseased tissue often associated with it, to be a much more potent and agreeable remedy than the system termed Bantingism.

In consultation with my friend Mr. R. Robson, of Durham, in April, 1867, it was determined to adopt this treatment in the case of a lady suffering from great dyspnœa on the slightest exertion, but in whom no valvular disease of the heart could be detected to account for it, nor any other cause whatever, except fatty degeneration, which we had good reason to believe had commenced in the heart and elsewhere in the muscular system. Our patient had long indulged in an excessively fatty diet and sedentary habits, and she was in a state of great obesity. A skim-milk diet was prescribed, and strictly adhered to for several months, and with a marvellously good effect. The symptoms of angina pectoris soon began to subside, and ultimately disappeared altogether; while the obesity was remarkably diminished, and the patient enabled to enjoy exercise freely and without inconvenience.

Sunderland, Feb. 1870.

* Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques, tome v., p. 704.

OBSERVATIONS
ON AN
IMPROVED METHOD OF CATARACT EXTRACTION.
WITH ILLUSTRATIVE CASES.

By CHARLES BELL TAYLOR, M.D. EDIN., F.R.C.S.E.,
SURGEON TO THE NOTTINGHAM AND MIDLAND EYE INFIRMARY.

(*Concluded from page 583.*)

IN the preceding cases it will have been observed that, in spite of numerous contraindications, I operated on both eyes at one *séance*. In the following, for various reasons, one eye only at a time was selected.

CASE 7.—Mr. D——, from Swaton, near Sleaford, aged eighty-eight years. This gentleman was in fair health, but, on account of his great age, was an unfavourable subject for any operation. As in the case of persons of great age, atropine exercised a very unfavourable influence upon him, and the instillation of a few drops, used with the view of dilating the pupil, produced a violent attack of mania. The whole house was upset by this *contretemps*, and his female relatives declared that he should not have any further operation performed upon his eyes, that it was ridiculous to hope a person of his age would recover, &c. The pupils did not respond in the least to the influence of atropine, apparently from old adhesions. The brow was unusually prominent, ornamented with coarse overhanging cilia; and, owing to senile absorption of orbital fat, the eyes, very small in themselves, were sunk to a most inconvenient depth. In spite of these contraindications, his great age, and the unfortunate delay which his mental condition had occasioned, I had sufficient confidence to urge him to submit to

the operation, which was accordingly done, under chloroform, on the left eye. He had no pain at the time, none after; was up on the fourth day, and returned home on the tenth. I never saw a better result. The coloboma is quite concealed by his overhanging upper lid, the pupil perfectly clear, and the eye brilliant. The ophthalmoscope revealed the existence of a large patch of atrophy by the side of the optic disc, and the nerve was cupped. He recovered sufficient sight to be able to potter about his farm, and thought so little of the operation that, in his ninetieth year, he returned to beg of me to repeat it upon his right eye.

CASE 8.—Thomas H——, aged eighty-three. This feeble, rheumatic old man was a pauper in the Nottingham Union, and my attention was called to him on account of blindness, the result of cataract in both eyes. I did not notice anything peculiar in his manner, and arranged to operate the next day, when I extracted the cataract from the right eye. On calling to see him on the evening of the same day, I found he had removed the pads from his eyes, was vociferating loudly, and altogether conducting himself in an extraordinary manner. I then learned that he had long been partially imbecile. For some days he was much excited, exhibited numerous delusions, and gave me much anxiety. In spite of all, he had no bad symptoms, and recovered most excellent sight.

CASE 9.—Paul M——, of Mansfield, aged eighty-five, blind two years from cataract; free from manifest disease, but suffering from the effects of senile decay. I extracted on the right eye. He recovered without a bad symptom, and now spends most of his time in reading and writing. A few days ago he called on me to announce his intention of shortly submitting the left eye to operation.

CASE 10.—MRS. C——, St. Nicholas almshouses, aged seventy-nine. This person was one of the most unfavourable subjects for operation I ever saw: pale, feeble, marasmic, emaciated, with thin, wrinkled skin, naturally delicate; and having led a life of close and sedentary occupation, she was bowed down with age, infirmity, poverty, and, I may add, exceptional misfortune, as she had undergone extraction on the left eye four years before by Daviel's method, and lost it by suppuration of the flap. She had suffered so much after this operation that she declared she would not submit to any further attempts to restore vision, and consequently remained in darkness four years. I felt warranted in assuring her that, with chloroform and my method, she would not suffer at all; and, having narrowly escaped setting fire to herself, she, with fear and trembling, consented. She lived in a small room, which contained her bed, very badly lighted, and most inconvenient for operation, and she was dependent on occasional visits from her daughter for attendance; nevertheless, to oblige her, I operated at her own residence. She had not the slightest pain at the time or after, remained in bed only two days, and recovered most excellent sight both for reading and distance.

CASE 11.—James B——, a pauper in the Nottingham Union, aged sixty-eight. This old man was extremely feeble and decrepid. He was paralysed on one side, the result of apoplexy occurring long ago. He had been blind some years from cataract affecting both eyes, and, when excited, suffered from a species of paralysis agitans, violent jactitations, affecting principally the paralysed side. He also suffered from extreme dyspnœa and violent fits of coughing, so much so that, after a short trial, I was obliged to give up all idea of administering chloroform; I therefore operated without it on the left eye. Violent jactitations and loss of self-control, on the patient's part, caused slight loss of vitreous, and the wound was slow in healing; but he recovered with a beautiful black pupil, good-looking eye, and useful sight.

CASE 12.—Samuel W——, of Beeston, aged seventy. This old man, blind for years, had been for long, as his friends observed, "a heavy drinker"; he was a martyr to gout, and enfeebled by a drain of pus from a long-standing fistula in ano. He had had a fit of apoplexy, was paralysed on one side, deaf, and, apparently in consequence of cerebral injury, dull of comprehension. He was considered by competent authorities to be totally unfit for operation. He was a big heavy man, and could not be removed from his residence; I therefore operated at his own cottage, extracting on the left eye, and restoring very good sight.

CASE 13.—Mary F——, of Screveton, aged seventy-eight. On the occasion of an operation for cataract upon a lady in the neighbourhood, my attention was called to this patient by the surgeon whom I met in consultation. She was considerably over the middle height, emaciated, and feeble, with wrinkled, enamelled-looking skin; lived in a single-storied cottage; and had been blind for seven years from fully formed cataract in both eyes. She had consulted an eminent surgeon long ago, but did not receive sufficient encouragement to induce her to submit to operation. She declined to come to Nottingham, and I therefore operated on her at once, using a couple of round tables as a couch. She had little or no pain, and recovered excellent sight both for reading and distance.

CASE 14.—William R——, of Nampanton, near Loughborough, aged seventy-two. This man was extremely feeble and decrepid. The right femur had been dislocated on the dorsum ilii, and remained unreduced; so that it was difficult to fix him in a position favourable for operation. The heart's action was so feeble that my friend, Mr. Worth, who frequently gave chloroform for me, hesitated in this case. He had been blind on the left eye for three years, and some time on the right. I intended to extract on both eyes at once; but he became so faint and collapsed under the action of chloroform that I had barely time to extract on the left eye. He remained in bed two days; when I applied a solution of atropine to the eye operated on, and allowed him to get up. Shortly after I had left he became violently excited, and exhibited numerous delusions. He was so unmanageable that I was obliged to engage a man to restrain him; and for two following days and nights he continued without sleep, and manifested all the phenomena of an attack of acute mania, his principal delusion being that he was on the top of a wet haystack, and his exertions all tended to an escape from this imaginary elevation. At 12 o'clock on the third night I was called to him, as his attendant—exhausted—had permitted him to get out of bed; and I found him under it, vociferating loudly, with his eyes exposed, and declaring he saw as well as ever. With some difficulty he was got into bed; and morphia, by the mouth, having proved ineffectual, I injected half a grain under the skin. He shortly afterwards fell asleep, and awoke in his right mind. The attack, as in two cases already recorded, was evidently due to the atropine. In spite of his persistent efforts, under delusion, to spoil the result of the operation, this patient recovered without a bad symptom; and, a few days later, I again administered chloroform, and extracted on the right eye. He had no pain on either occasion, either at the time of operation or after; and recovered excellent sight, with both eyes, for reading and distance.

CASE 15.—Mrs. W——, aged sixty-eight, a very obese, feeble woman, whose right eye had suppurated after extraction by Waldau's method four years ago, came under my care to be treated for blindness, the result of subsequently-formed cataract in the left eye. The opacity was not quite complete, and the eye was very small and deeply sunk. The patient also (who was very irritable and frightened) refused to take chloroform. I therefore operated without it, encountering many difficulties. She recovered, however, without a bad symptom, and most excellent sight, both for near and distant objects, was restored.

It is needless to multiply such cases. I shall therefore conclude by stating that I have never refused a case; and that, in 119 cases operated on by my method (a large proportion of which presented unfavourable features, similar to those I have recorded), the eye was totally lost, from suppuration of the flap, in five instances only. One of these was a very feeble woman, in her eighty-sixth year, who had been blind twelve years; and in whom cataract was complicated with old adhesions, the result of irido-choroiditis, and whose eyes were shrunken and extremely irritable. The other four were so feeble that there was not the slightest attempt at healing from first to last, though the operations were completed without the least misadventure.

Mansfield-road, Nottingham, 1870.

THE Hospital for Diseases of the Chest, Victoria-park, has received from Her Majesty a donation of £50 towards the building fund for the erection of a new wing.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 12TH, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON EXCISION OF THE JOINTS FOR DISEASE, AND SPECIALLY OF THE KNEE, HIP, AND ELBOW.

BY FREDERICK JAMES GANT, F.R.C.S.,
SURGEON TO THE ROYAL FREE HOSPITAL.

THE primary object of this paper is to lay before the Society the *conditions of disease* which, in the author's experience, seem to be appropriate for excision of the joints in general; and those conditions also which specially pertain to the knee, hip, and elbow, severally, with relation to this operation, as illustrated by the accompanying cases.

So far as the appropriate nature of these conditions of disease may be established by the typical character of the cases adduced, and confirmed by an increased number, they will represent principles whereby to determine the propriety of performing the operation of excision in diseases of the joints.

With this view the author has appended a careful analysis of each series of cases in regard to their pathology and the operation itself, and its results; and also of the general results of excision in the cases taken collectively, and the relation of these results to the pathology of the joints subjected to operation.

The necessity either for excision or for amputation in joint disease implies incurability by non-operative treatment. As regards excision, incurability is defined to signify that condition of the local disease wherein the joint has become *functionally useless* by destruction of the articular cartilages, without the supervention of anchylosis, but while the *constitution* still retains the reserve power requisite for the long process of reparative union—averaging three months after removal of the diseased bone. Any other cases—namely, of advanced local disease,—if not falling within the provision of the latter clause of the definition as to the requisite constitutional reserve power, but which are accompanied with prolonged hectic and exhaustion, will be proportionately unfavourable or unfitted for excision, and must be submitted to the alternative operation—amputation.

As compared with the *natural cure* by anchylosis, as a possible result in joint-disease, excision would seem to be preferable in proportion to the more prolonged period of recovery when unaided by surgical removal of the diseased bone, a probation which entails long-continued suffering, and ultimately leaves the constitutional vigour reduced and inadequate to sustain the contingencies of disease in after-life.

Failures of the natural cure are then considered with regard to excision. This comprises two results: defective kind of anchylosis for the functional use of the limb, as fibrous anchylosis in knee-joint disease, and osseous anchylosis in elbow-joint disease; or malposition of the limb, accompanied, perhaps, with defective anchylosis.

The author then proceeds to state *in extenso* the pathological conditions, or those of disease, and their results from failures of reparation, which severally justify the operation of joint excision, and those also which specially pertain to the knee, hip, and elbow. The histories of the illustrative cases are narrated, and their analyses appended.

The following *general* results may be enumerated in this abstract:—

1. *Excision* proved successful, by one operation, in 16 out of 20 cases of the joints referred to.

2. Of the 4 unsuccessful cases, by one operation, 3 were cases of *scrofulous* disease, and of the knee-joint, out of a total of 9 cases; the remaining one being *chronic synovitis*, and of the elbow-joint, out of 5 cases.

3. *Re-excision* was resorted to in 2 of the 4 cases; 1 knee-joint and 1 elbow-joint, the latter with a successful result.

4. *Secondary amputation* in 3 of the 4 cases. All 3 were knee-joint cases, and of scrofulous disease; 1 of which had been subjected to re-excision. The 3 amputations made *rapid recoveries*. These results tend to show that if the attempt to preserve a limb by excision, and even by re-excision, of a large joint, as the knee, should fail, the operation is not unfavourable to secondary amputation for the preservation of life.

5. *No death* ensued in any of the 20 cases of the knee, hip, or elbow-joints, whatever had been the condition of disease, or the operation,—excision, re-excision, or secondary amputation.

The paper was accompanied by drawings and by specimens of bone.

MR. SOLLY expressed his acknowledgments to Mr. Gant, and spoke of the change which had been wrought in the feelings of the profession with regard to excisions. Such operations were now performed, and their value fully recognised, in all great hospitals; but he believed the advantages attending them were not sufficiently recognised in the country; and that many limbs which might be saved were even now sacrificed by amputation. In cases of failure of union, re-excision was almost always practicable; and he believed the chief cause of failure of union was that the bones were not kept perfectly still, and that the method of putting up the limb was more likely to be at fault than the constitution of the patient.

MR. PARTRIDGE related a case in which he excised the knee-joint fourteen years ago, with excellent results. Quite lately the part sustained some injury, a superficial abscess formed, and was followed by caries of bone. He re-excised the joint, and the patient again made a good recovery.

MR. JOHN WOOD said that the full value of excision of joints had only lately been admitted. The chief difficulty of the surgeon now was to know when to interfere, or rather the earliest period of time at which he was called upon to do so. The author of the paper had laid down one rule which might be of great value if we could only determine when its conditions were fulfilled. It was to operate when the cartilages were removed by ulceration. He believed, however, independently of the difficulty of determining when this had happened, that joints would recover not only after the removal of cartilage, but after the removal of bone itself; and that such removal would be effected by absorption, without there being necessity for any external opening. While fully recognising the merits of Mr. Gant's paper, he was surprised to hear in it no mention of the greatest modern improvement in the practice of excision,—the method of gouging away the diseased bone, and leaving its periosteum, and the attachments of its muscles, undisturbed. He also thought it important that the surgeon should confine his incisions within the limits of induration, so as to avoid the burrowing of matter. He did not concur with Mr. Gant in his employment of the elliptical incision. At King's College Hospital it was now the custom to employ a single straight incision across the front of the joint, level with the head of the tibia; and it was found that this incision very much facilitated the application of the saw.

MR. BARWELL expressed his belief that neither the removal of cartilage nor the gelatiniform degeneration of the synovial membrane rendered excision necessary. He had treated such cases successfully by ordinary means, together with firm pressure. With regard to the subperiosteal removal of bone, he referred to Dr. Sayer, of New York, by whom that practice had been long ago advocated. He regretted that the author had given no particulars about the degree of shortening of the limbs in his cases. He could not approve of leaving the limb to assume its own position after removal of the head of the femur, for he believed that shortening was much increased by adduction. It was his own practice in such cases always to use an interrupted splint applied in such a manner as to abduct the limb.

MR. JOHN WOOD explained that he had not claimed originality for the practice of leaving the periosteum, but only for the practice of removing the bone piecemeal through a small opening.

MR. TIMOTHY HOLMES said that the cases given by the author, and the principles laid down by him, were such that his results threw no light upon the general question of mortality after excision. The cases were selected ones; and in such there was an almost entire absence of risk in amputation. To have had twenty cases of excision without a death was in itself a very gratifying fact; but he wished to know what became of the rejected cases. Did they die or did they undergo amputation? He believed that, with all necessary care, many of these cases of joint disease might be guided to good recovery, and that the joints would

be more solid after spontaneous cure than after excision. He was not himself an advocate for subperiosteal resection, and believed some of those surgeons who had at one time performed had now seen reason to abandon it. He saw no benefit from not severing the attachments of the muscles. In ordinary excision of the elbow, muscular attachments were severed very freely, and the muscles recovered full power and usefulness.

Mr. WILLIAM ADAMS thought we should compare amputation and excision rather by considering the latter a resource for saving limb, the former for saving life. He referred to the value of persistent pain, in addition to other symptoms of joint disease in the knee, as a symptom that the bones were extensively implicated; and briefly described his own case of subcutaneous division of the neck of the femur, with an intimation that he hoped to bring it before the Society.

Mr. CALLENDER moved the adjournment of the debate to the next meeting.

Mr. BARWELL seconded the motion.

The PRESIDENT appealed to the two ex-Presidents among the audience with regard to the custom of the Society.

Mr. PARTRIDGE said that debates had been adjourned, but that they always languished on the second occasion, and that the practice was not desirable.

Mr. SOLLY expressed an opposite opinion on the general question, and a particular wish that the adjournment might be carried.

On being put to the vote, it was carried almost unanimously, and the meeting was then rendered special for the purpose of confirming the previous resolutions upon the amalgamation scheme.

Reviews and Notices of Books.

Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques. Tome xii. DYSM—EM. Paris: Baillière. 1870.

THIS great work is brought out with commendable punctuality, and the present volume is no whit behind its predecessors in the importance of the subjects discussed in it, which happen to be principally obstetrical, and the treatment they have received. There are thirty-eight articles in it, of which the following are the chief:—Dysmenorrhœa, by M. Siredey; Dyspepsia, by M. Luton; Dystocia, by M. Stoltz; Eau and Eaux Médecinales, and Electricity, by M. H. Buignet; Eclampsia, by Emile Bailly; Eczema and Ecthyma, by M. Hardy; Therapeutical Action of Electricity, by M. Jaccoud; Embolie, by Hirtz and Strauss; Embryotomy, by M. Tarnier; and Empoisonnement, by M. Tardieu. It is difficult, with the space at our disposal, to do more than indicate the principal points of one or two of the articles, which must serve as an indication of the mode in which the others are discussed. We select that of Embolia, by MM. Hirtz and Strauss. This term, though invented by Virchow, only gives expression to an old idea, the fact having been known to Bonet, a pathologist of the seventeenth century, and to Van Swieten. The sources of embolia are very various, and may be arranged in three groups—namely, (1) substances derived from the blood itself; (2) substances derived from the vascular walls; and (3) substances which have traversed the walls of the vessels, and are derived either from the adjoining tissues, or altogether from without the body. In the first place, as regards fibrinous embolism. This is produced by the transport of clots or thrombi formed within the vessels. To form these, however, it is not sufficient that the energy of the cardiac action should be diminished, but the walls of the vessels must also be diseased, either by calcareous or atheromatous degeneration, or by aneurismal dilatation of the arteries, or by some valvular lesion in the heart, or by varicose distension or phlebitis in the veins. To distinguish between a clot or thrombus formed during life and a post-mortem coagulum, it is essential in every instance to ascertain by microscopical examination the presence of the old formation in the middle of the new coagulum by which it is surrounded; the old clot being always recognised by its stratified structure and dry character, whilst the recent clot is soft, homogeneous, and contains red and white corpuscles in about the same proportion as in the blood.

The changes which the thrombus is capable of undergoing are, first, organisation into a solid cord, and, secondly, molecular disintegration, the essential parts breaking down into a puriform mass. Direct experiments, which consisted in the introduction of fragments of muscle, &c., into the jugular veins, have clearly demonstrated the power of the current of blood to sweep such fragments along till they become impacted in the healthy pulmonary artery; and usually, by reason of their specific gravity, one of the branches distributed to the lower lobes of the lung. In the aorta the clots usually follow the axis of the current, and hence rarely enter the carotids. The order of frequency with which the branches of the aorta are attacked is splenic, renal, iliac (especially the left, which is not, like the right, crossed by the iliac vein), the carotids, subclavian, mesenteric, and cœliac axis. When the obstruction occurs in the internal organs, the abolition or diminution of the functions is the only means by which it can be recognised. As a general rule, the nearer the heart the less serious are the results of the occlusion of a vessel, because the collateral circulation is in most instances so readily established; hence it is still doubtful whether death has ever ensued from the obstruction of a cerebral artery. Speaking generally again, the result of an embolia is dry gangrene of the part previously supplied by the artery. The effects of the infarction of a pulmonary and of a splenic artery are well given, and are illustrated. Certain special forms of embolism are described, including (1) gangrenous embolism, (2) pigmentary, (3) gaseous, and (4) fatty embolism, of which last the occluding material seems to be derived from the medulla of bones affected with necrosis, articular suppuration, and complicated fractures. The pathological importance of embolism is then treated of, and the article concludes with a brief section on the general therapeutics of embolism.

The articles on Dystocia and Embryotomy appear to us to be remarkably well worked up, containing a full account of all the modern views, and, in the latter case, of all the instruments that have recently been suggested in relation to their subjects.

The subject of Eclampsia, by M. Emile Bailly, is also very fully discussed. He does not, as usual, limit it to puerperal convulsions, but considers that it may occur in both sexes, and at all ages; and defines it to consist in the sudden supervention of convulsions, accompanied by total loss of consciousness, and constantly associated with pathological conditions of the urinary function and kidneys. Still it is common in the female during gestation, and the order of frequency he considers to be (1) pregnancy, (2) during labour, and (3) in the puerperal state. Headache, misty vision, and epigastric pain are the chief premonitory symptoms. The attack resembles the fit of an epileptic, and usually lasts only one or two days, terminating then either in recovery, some other malady induced by the convulsions, or death. The prognosis is bad both for mother and child. The chief morbid post-mortem changes that have been discovered are the so-called forms of Bright's disease, into which the author enters at considerable length. In regard to treatment, he approves of moderate bleeding, purgatives, diuretics, sudorifics, and nauseating doses of tartar emetic, together with acceleration of the process of delivery, if imminent or proceeding, as constituting the

best preventive means; whilst he recommends the judicious employment of chloroform, cold to the head, dry cupping, and the application of the above means during an attack.

In conclusion, we strongly recommend the purchase of this work to those who are desirous of making themselves acquainted with the present condition of medical knowledge in France.

OUR LIBRARY TABLE.

On the Causes, Prevention, and Treatment of Infantile Diseases. Showing by what means the present mortality may be greatly reduced. By SELBY NORTON, M.D. London: John Churchill and Sons. 1870.—The main drift of this little work is to show that very many of the diseases of infancy, and the consequent mortality, depend upon and are caused by, the prevalent practice of feeding infants on farinaceous food; and that the numerous complaints usually attributed to the process of teething are, in fact, owing to the presence of undigested starch in some part of the alimentary canal. To support this novel position, Dr. Norton brings forward some forcible arguments, and to a certain extent he proves his case; but whether or not to the extent he himself believes is another matter. There are some practical points of importance in the book, and we can well recommend its careful perusal to all those who are interested in, and have the care of early life.

Memoirs read before the Anthropological Society of London, 1867-8-9. Vol. III. London: Longmans. 1870.—These memoirs convey a good deal of curious information, interesting alike to the medical and general reader. In illustration, we may take the article on the Dancing Girls of Southern India, and another on some Tribes in Madagascar. Some of the papers display an unusual amount of learning and physiological knowledge on the part of their writers. Mr. John Cleghorn discusses the character of the Scotch in relation to the soil of Scotland. He holds that the diversity in the men of the two soils of Scotland (the east and west) is referable to the diverse character of the soil on those sides, and that the inhabitants are the expression of the soil in the same sense that the flora and the fauna of the two sides are its expression. Dr. Beddoe, president of the Society, gives an elaborate article on the stature and bulk of men of different parts of these islands, profusely illustrated by tables. The stature, he thinks, is high where the Scandinavian element prevails. The lighter or red-haired races "run" bigger; the dark Frenchified citizens dwindle. The Cornish people form a curious exception in that they are tall. The southern and south-eastern people of Britain are usually shorter than the northerns. Londoners hold a low place for stature. The Scotch clans often have stature peculiarities running through them. Dr. Beddoe does not dwell much on the relation of bulk or chest-measurement to height.

Chemistry, General, Medical, and Pharmaceutical, including the Chemistry of the British Pharmacopœia. By JOHN ATTFIELD, Ph.D., F.C.S. London: Van Voorst. 12mo. 1869.—This work has now reached a second edition, which is about half as large again as the first one, and contains a good deal of new matter. The work is medical and general as well as pharmaceutical. It is not only a reading book and lecture companion, but also a laboratory guide, thus meeting the wants of the medical student in the practical class-room, and being of use to him at home in preparing for examination. It would be well if the professors of chemistry at our medical schools gave more attention to teaching the general principles of chemistry in their applications in detail to medicine and pharmacy. This aim is a prominent feature of the present work, which we commend to the student with great confidence.

The Monthly Microscopical Journal for April, edited by Dr. Lawson, is an unusually good one, containing, amongst other subjects—(1) the description of some peculiar fish's ova, by Dr. Carpenter. These were hemi-ellipsoidal, covered with villous processes on the attached surface, and with a remarkably distinct micropyle. (2) An account of an ingenious apparatus adapted for the employment of Darker's selenite films. (3) A description of a new Stentor, by Charles Barrett. (4) Some further remarks on high definition, by Royston Pigott, M.A., M.D.; and a paper by J. G. Tatem on the development of Monas lens; besides the usual notes and memoranda on the progress of microscopical science.

Introductory Lecture to the Course of Comparative Anatomy delivered at the Royal College of Surgeons of England, 1870. By WILLIAM HENRY FLOWER, F.R.S., F.R.C.S., Hunterian Professor. London: John Churchill and Sons. 1870.—The reprint of this lecture costs but a shilling, and it is worthy of being read by biological students and comparative anatomists, especially that part of it containing the lecturer's remarks on the Darwinian or derivative hypothesis.

Our Domestic Fireplaces. By FREDERICK EDWARDS, Jun. A New Edition. London: Longmans, Green, and Co. 1870.—The author of this book must have taken great pains to master his subject. Everybody is interested in such questions as the best way of getting the maximum of heat with the minimum consumption of coal; how to manage ventilation and cure smoky chimneys, and how to secure an equable temperature diffused throughout one's house. The subject is evidently such a hobby with our author that we are surprised he does not appear to be acquainted with Galton's ventilating stoves.

The Regimental System in the Army Medical Department discussed with a Regimental Commanding Officer. By J. M. GRANT, M.D., Deputy Inspector-General of Hospitals. Grahamstown: Richards, Glanville, and Co. 1870.—A pamphlet, printed for private circulation, containing the letters which were exchanged between a regimental colonel and the principal medical officer of the Cape command. Our readers are well acquainted with the arguments that have been adduced on the two sides; but if these letters do not contain anything very new, they are nevertheless good. The Doctor is in favour of the General Staff system, and the Colonel opposed to it. This will be very much the condition of those who read the discussion, for most medical officers have already made up their minds on one side or the other.

The Physiology and Pathology of the Sympathetic or Ganglionic System. By ROBERT J. EDIS, M.D. (The Transactions of the New York Academy of Medicine.) New York: Wood and Co. London: Trübner and Co. 1869.—This part of the "Transactions" consists of an essay to which the O'Reilly prize was awarded by the New York Academy of Medicine in 1869. It is valuable in that it contains all that physiologists and pathologists have of late years especially added to our knowledge in this direction; and how much their labours have tended to elucidate the processes and mechanism of several diseased conditions our readers are well aware.

Stanford's Geological Map of London, showing the Superficial Deposits. Compiled by J. B. JORDAN, Esq., of the Mining Record Office. London: Edward Stanford, Charing-cross.—We call attention to this excellent map, in consequence of its interest and usefulness to medical men and others resident in London and its vicinity. The map is on the scale of one inch to the mile, and it has been compiled from the published maps and memoirs of the geological survey of England and Wales, and from the maps and memoir accompanying "Reports of the Medical Officer of the Privy Council, 1866 to 1867," by R. W. Mylne, Esq., and W. Whittaker, Esq., B.A.

THE COLLEGE OF SURGEONS.

ADJOURNED MEETING OF FELLOWS AND MEMBERS.

THE adjourned meeting of the Fellows and Members of the Royal College of Surgeons, called to consider the proposed scheme for creating an examining board for each of the three divisions of the United Kingdom, and probable legislation with regard to the medical profession, was held in the theatre of the institution on Friday, the 22nd inst.

The president, Mr. Cock, took the chair at three o'clock.

It will be remembered that when the adjournment took place at the previous meeting, the resolution which was under consideration was,—"That, in the opinion of this meeting, the establishment and regulation of a single examining and licensing board should not be left in the hands of the existing medical corporations." To this an amendment was proposed, "That the word 'not' be omitted from the foregoing resolution."

Mr. HOLMES, who had moved the adjournment, said he felt strongly that neither the motion, nor the amendment by which it was met, exactly coincided with what he believed to be the sentiments of the majority of the meeting. The resolution as proposed by Mr. Nunneley would hand over the formation of a licensing board entirely to some department of the Government. He was, however, quite sure that the Fellows and Members of the College did not intend to abrogate the chief of their functions, nor did he see how any such plan could be carried out as that shadowed forth by the seconder of the motion, in which the profession would be taken into a kind of partnership with the Government. So far as the amendment was a direct negative to the resolution, he should be happy to support it; but he could not affirm, as seemed to be intended by Mr. Rogers Harrison, that the formation and management of the proposed examining and licensing boards should be left entirely in the hands of the existing corporations. He therefore trusted that both the resolution and the amendment would be negatived. If such a course were taken he should propose "That, in the opinion of this meeting, the examiners in anatomy and surgery in the licensing board ought to be nominated either wholly or in great part by the Royal College of Surgeons." The meeting was only competent to speak for its own College, and he did not think any arrangement would be satisfactory to the profession, or afford an adequate safeguard to the public, unless the College of Surgeons took under its management and care—subject, of course to the regulations to be made in the Government Bill—the part of the board which referred to anatomy and surgery. It was unnecessary to allude to a great deal that had been said, not perhaps in the most courteous spirit, at the last meeting about the action of the College, and reflections about "hole-and-corner" meetings were altogether inappropriate. That meeting assembled with very little idea of who had called it together; and, under those circumstances, it was not to be wondered at that the course of proceedings open to them was not exactly understood by many. He believed that meeting was called in a very fair and proper manner, and managed in a proper spirit. (Hear.) Their object should be not to cast reflections, but to seek to provide the medical profession and the public with adequate safeguards for a proper, business-like examination for the minimum qualification for the licence. The College of Surgeons had never failed to provide a board of examiners of whom the profession had reason to be proud. (Applause.) He did not think there had ever been a period when the *élite* of the profession—so far as surgery was concerned—had not been on the Court of Examiners. This was a very strong argument in favour of the continuation of the power of appointment. No other body offered such a guarantee, neither did any department of the Government, and their experience of governmental action in times past had not been such as to induce them to desire to recur to it. They could not, therefore, do better than leave in the hands of the College of Surgeons the function of appointing examiners in anatomy and surgery. Of course the question must arise, What was meant by the College of Surgeons in this case? If it was understood as at present, the nomination would be in the hands of the Council, and perhaps it would be advisable not hastily to disturb that arrangement; but the motion which he would wish to submit to the meeting would not prevent the constituency of the College from taking future action to secure a modification of the internal arrangements of the College, and thereby more directly affect the appointments to the examining board. It would leave the Members and Fellows perfectly free to seek to obtain for themselves greater power and more freedom of action in the affairs of the College, whereas if either the original resolution or Mr. Rogers Harrison's amendment were agreed to, the Members and Fellows would be fettered as regards any future reforms which might be considered necessary in the constitution of the College, or in its relation to the Government and the examining board.

Mr. CHRISTOPHER HEATH said the Senate of the University of London was composed partly of Government nominees and partly of representatives of the corporations; yet all who had taken any interest in medical education during the last thirty years must allow that they had probably done more to forward medical education than any other body. In this respect the University of London more than held its own against the most ancient universities with all their glorious prestige. One proof of the care which the Senate of that University had taken to get good examiners was, that many of the present examiners of the College of Surgeons had been examiners in the University. It was therefore evident that a body constituted partly of Government nominees and partly of representatives elected by the convocation of the graduates could fulfil its functions with the greatest success. He hoped the day would soon come when the Fellows and Members of the College of Surgeons would have the power of bringing their influence to bear more directly upon the Council of the College than under the present system, when, after a member was elected, the constituents had nothing more to do with him for ten years. Since the last meeting the Lord President of the Council had brought in his Bill; but, as regards any representation of the profession, it was a complete nullity. There was no more representation of the profession in the proposed Bill than in the former one; but the interests of the Councils of the corporations were taken very great care of. It could not be denied that in former years the Councils of the corporations, not even excepting that of the College of Surgeons, had departed from the line which the profession would have wished them to follow, and made regulations and performed acts with which the members of the profession could not cordially agree; yet in the new Bill the interests of those governing bodies were protected, while no account was taken of the desire of the profession for representation. It appeared that there was some tremor in the Council as to what would happen at the first meeting held by the Fellows and Members. It was supposed that there would be such a tumult as no English gentleman would take part in; and one of the officers of the College was sworn in as a special constable. (Much laughter.)

The PRESIDENT said that many months ago he thought it right that one of the College servants should be sworn in as a special constable, but of course it was with no idea of keeping the last meeting in order.

Mr. CHRISTOPHER HEATH said that at the Council meeting on the Tuesday previous to the last meeting a resolution was moved by Dr. Humphry, to the effect that it was desirable that at least half of the Court of Examiners should consist of gentlemen who were not and had not been members of the Council. It had been felt by the Fellows and Members for many years that it was very undesirable, however eminent gentlemen may be, that they should come to the office of examiners simply by seniority, because that had practically been the system adopted. This feeling appeared to have prevailed within the Council, and so Dr. Humphry's motion was carried. Yesterday week, however, there was another Council meeting, and that very motion was not confirmed—it was postponed; so that gentlemen who a month ago voted for the separation of some of the examiners from the Council had already retracted their opinions.

Mr. QUAIN.—No, no.

Mr. HEATH.—It was well known what postponement meant. When once a motion was postponed, it would undoubtedly be shelved, unless some great effort was made to prevent it. He did not think the Fellows and Members could reconcile it with their feelings to support a Council

which acted in that way. He did not blame individuals, but if there were any interests which clashed with the interests of the Fellows and Members as constituting the corporation, that clash ought to be put an end to, and steps ought to be taken to make their feelings felt within the Council chamber in a more direct way than the present. If Mr. Holmes's amendment were put, he should support it; and if an addition were made to it, recommending the separation of the examiners into two classes, it might perhaps facilitate the progress of matters in the Council, where some such stimulus was very much needed.

Mr. QUAIN said the statements made by the last speaker were such that he could not in honesty remain silent respecting them. The statement that the Senate of the University of London was appointed partly by the Government and partly by the graduates was true, but it was not the whole truth, and the whole truth should be stated or none at all. The Government supported the University. The Royal College of Surgeons had spent £248,000 in support of its Museum up to last year. Now, what was the expense to a person taking the degree of a Bachelor of Medicine at the University of London? It cost altogether about £60; and out of that sum the person himself only paid £15. So long as the State paid several thousands a year in support of the University, it ought to have persons to look after its interests and its money; but if the University were self-supporting, as the College of Surgeons was, the graduates would no longer permit the State to have anything to do with the matter. (Applause.) In France, whenever liberty prevailed in the State, the profession regulated its own affairs; but whenever absolutism was dominant, the State appointed the professors and examiners. Were Englishmen then to imitate France in her worst days and surrender the principle of self-government? What would the lawyers say if the State proposed to conduct their examinations? What would the parsons say if the State claimed the right to appoint examiners for the different churches? Why should the medical profession be singled out to be reduced to the low condition of having State interference in their institutions? Mr. Heath had implied that the motion for appointing examiners out of the Council was carried through fear of the general meeting that was to take place on the following Thursday, but he (Mr. Quain) had proposed that motion before he knew anything of any meeting being about to be held, and, in fact, before such meeting was contemplated at all. In addition to bringing forward that motion, he had, immediately on its being carried, placed his resignation in the hands of the President, in order to make one vacancy for the appointment of an examiner not on the Council. (Applause.) Mr. Heath had also said that the intention of the motion had been swerved from, but here again the whole truth had not been stated. Although it was to be reconsidered in part, it should be mentioned that at the last meeting of the Council a motion was carried that the examiners in anatomy and physiology should in future be different from the examiners in surgery. (Applause.)

Mr. HEATH said there must be some misunderstanding, as the motion to which he had alluded was Dr. Humphry's, and not Mr. Quain's.

The SECRETARY explained that Mr. Quain's motion originally was, that four out of the ten members of the Court of Examiners should be non-members of the Council, but Dr. Humphry had a motion the same day recommending that half the Court should be unconnected with the Council, and Mr. Quain had adopted that alteration.

Mr. G. BUSK said he differed from Mr. Heath in supposing that the Fellows and Members of the College constituted the corporation as distinguished from the Council.

Mr. HEATH.—I said with the Council.

Mr. BUSK said the Council was as essentially a part of the corporation as either the Fellows or Members. He should be very glad to know what interests the Council could have other than those of the general body.

Dr. CRISP said that the College element was so strong in that hall that very little good could be effected there, and that the feeling of the profession could only be ascertained by means of a meeting outside the walls of the College. The College was really going to the bad. The number of its students was diminishing, and its funds had decreased.

The PRESIDENT said that the meeting was not convened to consider the state of the College's finances, and that Dr. Crisp must confine himself to discussing the amendment.

Mr. HECKSTALL SMITH said that since the last meeting the Government had printed its proposed Medical Bill, which, while taking from the existing corporations the power of admitting to the profession, required them to unite in proposing a scheme, to be submitted to the Medical Council; and if they could not agree, the Government would take the matter out of their hands. The colleges would remain as they were, and any persons who desired to obtain the honours which they had to confer, would still be able to do so. Would it not be better to adopt the Government scheme? He had proposed an amendment for a single examining board for the whole kingdom, which had been negatived; but he believed if that plan were not adopted all the work would have to be done over again. On the whole, he thought the Government plan the most practical. But he did not approve constituting the Medical Council the central authority unless the profession was represented in that body, and as to that point the Bill was wholly silent.

Dr. EDWARD SMITH said he hoped that the meeting would take a large view of the Government measure, and not regard it as affecting a particular college. It appeared to him that there was only one point in the Bill which had not been taken up by the existing corporations, and that was the formation of a common Examining Board. But the corporations had agreed to such a board, and had even determined on the principles which ought to guide them in its establishment. No new legislation, therefore, was needed. The object of the Bill was to throw the whole organisation of the profession into the hands of the Government. It was true that the corporations were invited to send in a scheme of their own; but the Privy Council could alter the scheme in any way it pleased, and legislate in every respect for the profession. Was the profession willing to throw the whole regulation of examinations and education into the hands of Government? (No, no.) It would be the greatest mistake in the world to adopt a course of that kind. He could understand the appointment of a Minister of Instruction—who should superintend the education of all the learned professions, as well as the general education of the country; but he could see no reason why the medical profession, which had done more than any other to improve its education, should be singled out and placed in the hands of the Government. (Hear, hear.) Only a few days remained for action, and unless the profession moved very earnestly in the matter, there would be very little chance of preventing the second reading of the Bill. They ought to endeavour to act directly upon the House of Lords and House of Commons; and the proper course for the meeting to adopt was, in his opinion, to negative the resolution.

Mr. J. BAXTER LANGLEY regretted that at the last meeting the first resolution should have been carried without full knowledge of the subject. The great principle which they ought to seek to establish was that of representation; and the kind of amendment which he should like to see adopted would be one to the following effect:—"That, in the opinion of this meeting, such State licence to practise (alluding to the first resolution), should be regarded as a minimum qualification, and should not be taken to supersede or annul the right of existing corporations to grant diplomas to persons already possessing the State licence; that the Boards of Examiners for the State licence should be appointed by a Medical Council composed of representatives of existing medical corporations, and that the governing powers of such corporations should be elected by the members of such corporations, with such regard to the gradations of rank existing among them as they may severally determine."

Mr. WEBSTER said that complaints were made of the existence of so many examining bodies, and yet the Government now proposed to add another to the list. The proposal was one that tended to extirpate the College root and branch. (No, no.) No doubt all corporate institutions had their faults, and the College of Surgeons was not exempt from them; but was this a time to seek its destruction? He differed alike from the motion and the amendment. (Laughter.) No guarantee was afforded that the new Examining Board would be in any way superior to others; and it was quite possible that it might prove

inferior. There was no necessity for any hasty movement, for he did not believe that a Medical Bill would pass during the present session.

Mr. J. F. CLARKE thought that Dr. Edward Smith had put the matter in its true, practical light. Why should the medical profession be singled out among others for legislation? The reason was that they were not united among themselves. He did not believe that anything would prevent the passing of the Bill; but they might succeed in modifying its provisions. He would be a bold minister indeed who would dare to oppose the voice of the common profession. He hoped that the body corporate of the College would be so largely increased that they would be able to say, in the words of the old Cornish song—

"And shall the College die?
Then twenty thousand Englishmen
Will know the reason why."

Mr. ROGERS HARRISON said he should adhere to the amendment which he proposed at the last meeting, as he had heard nothing to induce him to withdraw it. If the resolution was carried it would strike at the root of corporate authority. He hoped that every member of the College, from the president downwards, would hold up his hand against being thrown into the arms of the Government. It was proposed to give the Privy Council the power to abrogate every provision that might be brought forward. He feared that there were "snakes in the grass." He could hardly imagine the President of the Council himself framing such a Bill as was now proposed.

After a few words from Mr. GANT and Mr. ALLINGHAM, the amendment was put and lost. About fifteen hands only were held up in its favour.

Mr. HOLMES then moved another amendment: "That in the opinion of this meeting the examiners in anatomy and surgery, on the licensing board for England, ought to be nominated either wholly or in great part, by the Royal College of Surgeons."

Dr. CARR seconded the amendment. Alluding to the constitution of the College, he maintained that it was strictly in keeping with the constitution of England. Every Member had the privilege of voting for members of Council. (No, no.) Every Fellow could vote; and every Member could become a Fellow. (No, no.) He maintained that that was so.

The PRESIDENT: Undoubtedly.

Dr. CARR: The constitution of the College is thoroughly liberal; and I am sure it is most anxious to maintain the integrity of the profession. (Hear, hear.)

The amendment was then put and carried almost unanimously. It was also carried as a substantive motion.

Dr. EDWARD SMITH then moved: "That this meeting protests most strongly against the powers which the Medical Bill proposes to confer upon the Privy Council, and that a copy of this resolution be signed by the chairman and forwarded to the Lord President." His great objection, he said, was not to the special department of the Privy Council, but to placing the profession in the hands of any department of the Government. He wished to disclaim entirely any reference to the medical adviser of the Privy Council, whom they all highly esteemed.

Mr. J. F. CLARKE seconded the motion.

Mr. HECKSTALL SMITH said if the colleges did their duty the Privy Council would not have a leg to stand on; but if they were unable to agree, it was necessary that some external power should interfere; and in that event he thought the Privy Council a very fitting authority.

Mr. LIDDELL hoped that the motion would not be pressed. It would be unwise to pronounce an opinion upon a Bill of which, at present, they knew so little.

Mr. HOLMES wished to know what central authority Dr. Edward Smith would propose as a substitute for that provided in the Bill.

Dr. EDWARD SMITH called attention to the clauses in the Bill giving the Privy Council power to confirm the regulations submitted to it, "with or without any modification as they may think fit." These clauses, he contended, gave to the Privy Council the power of original legislation.

Mr. WILDE, the Solicitor of the College (whose opinion on this point was asked), said that Dr. Edward Smith's view of the clauses was certainly correct. The Privy Council could confirm or reject or modify; so that it possessed, practically, the ultimate power of legislation.

Mr. BAXTER LANGLEY asked whether the Bill gave the Privy Council power to interfere with the management of the corporations, or with any plans of action which they might think fit to adopt.

Mr. WILDE said there were many provisions that did interfere practically with the corporations; but no such power was given to the Privy Council.

The motion was then put and carried, with very few dissentients.

Mr. GANT proposed, "That this meeting regrets the omission from the proposed Medical Act of any amended scheme of representation in the Medical Council, and that to secure the direct representation of the general body of Fellows and Members of the Royal College of Surgeons, provision should be made distinctly empowering them to elect a representative of the College in the said Council."

Mr. ROGERS HARRISON seconded the motion.

The PRESIDENT said that the motion had no reference to the business named in the requisition calling the meeting; and a subject so important ought not to be brought forward without notice, especially as the meeting had now become a comparatively small one.

Mr. HEATH said that there was a resolution on the same subject of which notice was given at the last meeting, and he would now move it:—"That if representatives of the medical corporations should be continued by the new Medical Act, the Fellows and Members of the Royal College of Surgeons have the right to elect a representative." He believed that the general feeling of the Members and Fellows was that they, as members of the corporation, had a right to elect a representative, and there was nothing in any charter or bye-law to prevent it. The Council of the College had hitherto relied upon the decision of Lord Campbell, in the case of the University of London; but in that case (in which the graduates claimed the right of appointing a representative), there was a clause in the charter giving a wide power to the Senate to act in any way that might be required. There was no such clause in any charter of the College. The Fellows and Members were the corporation, and they ought to assert their rights.

Mr. RUGG seconded the motion.

Mr. BAXTER LANGLEY thought that the amendment which he had previously read would better meet the circumstances of the case.

Dr. O'CONNOR was convinced that the Fellows and Members had a perfect right to elect a representative on the Council; and that if an application, *quo warranto*, was made to the Court of Queen's Bench, he believed the election of the present holder of the office would be set aside. He suggested that a case should be submitted to a competent legal adviser for his opinion on the subject.

Dr. CRISP said it was monstrous that the College of Surgeons, with its 10,000 or 12,000 members, should have only one representative on the Council, while the Universities of Oxford, Cambridge, and Durham, which sent forth scarcely five doctors of medicine yearly, had three representatives on the Council.

Mr. HOLMES said that if the right existed, there was no reason for passing any resolution. Would it not be better to subscribe a sum of money in order to obtain a legal opinion?

Mr. HEATH said it was desirable to move at once in the matter, as the present representative went out of office in July next.

The PRESIDENT said that the Council obtained an opinion on the subject some years ago, which was to the effect that the right of election was in the Council of the College.

Mr. WILDE said that the gentlemen who gave the opinion were Lord Cairns and Lord Penzance.

A MEMBER: Who drew up the case?

Mr. WILDE: I did. (Laughter.) But it was only a statement of the Acts.

After some remarks from Mr. HECKSTALL SMITH,

Mr. GANT said he would move the resolution which he had read (and which the President thought could not be received) as an amendment to Mr. Heath's motion.

The PRESIDENT said he saw no objection to that course.

The amendment was then put to the meeting and carried, and it was also carried as a substantive motion.

A vote of thanks was passed to the President, and the proceedings terminated.

THE LANCET.

LONDON: SATURDAY, APRIL 30, 1870.

THERE are two objections to the Government Medical Bill so universally felt and expressed that we need not dilate on them further. We do not know whether the Government has any wish to regard the views of the practitioners of the country; but if it has, it will modify the Bill in at least two respects. There are medical men who tell us that the Government cares nothing about the profession; and that, as the profession has no power in Parliament, it cannot seriously oppose the Government, if it bring forward the Bill in a vigorous manner and is supported by the corporations—which, we are told, are the things that Governments have to consider. We do not believe quite so much as these gentlemen seem to do in the power of corporations and in the powerlessness of the general body of the profession. The Medical Bill is one of those questions in regard to which members of Parliament will be very much influenced by the medical portion of their constituents; and if the medical profession in the principal towns will declare its opinion strongly, and take a little pains to put the points of the question before its parliamentary representatives, we believe that it will be able to influence the impending legislation. The two points of the Bill which are all but universally condemned are—first, that it gives the medical body at large no voice in the election of members of the General Medical Council; and, secondly, that it entirely subordinates the Medical Council to the Government, as represented in the Privy Council. The resolutions passed at the meeting of the Fellows and Members of the Royal College of Surgeons, by the Senate of the University of London, and at the meeting of the Metropolitan Branch of the British Medical Association, amply illustrate and represent the feeling of the profession on these points. We must, then, take for granted one of two things—either that the profession is to be contemptuously disregarded in the matter, or that these features of the Bill will be altered. The corporations are greatly considered in this measure. They principally are to compose the conjoint boards, and the profession is to be taxed to maintain nineteen bodies where only three are needed. Is it a small matter, when such great regard is being shown to the corporations, and when they are receiving homage as the very glory of the profession, that they, in their turn, should show some respect to the members of the profession, and admit their right to a voice in the election of the representatives of the corporations in the Medical Council?

Not to dwell on these points, on which the profession is unanimous, we proceed to notice a few details of the Bill, which make us more and more doubtful as to whether it will answer the ends of its framers and the interests of the profession.

It devolves some new and delicate duties on the Council, the discharge of which will involve endless discussion. We will only mention two. First, in the matter of money, the Bill provides that all fees for examination have to be paid to the treasurer of the Branch Council of that division of the kingdom in which the candidate is to be examined. How such fees shall be distributed must be determined by the Medical Council, or, rather, must be discussed. Those who have watched the lengthy discussions of the Medical Council, and seen how even matters of trivial interest have occupied it for hours, or even days, will best understand how eloquence will develop itself in the Council upon a question of this kind,—how one corporation will compete with another in the appropriation of the spoils, and especially of the surplus, which is to be provided for in the examination fees over and above that which is necessary to pay examiners. We say this matter will have to be discussed by the Medical Council. Not only will it have to be discussed at the outset of its proceedings after the passing of the Bill—supposing the Bill ever to pass,—but there is no guarantee that such a discussion shall not form a part and doubtless it would always be a lively part, of each year's proceedings; for the Bill provides, not only that the various medical authorities in the different parts of the country may suggest a scheme for the establishment of a Medical Examining Board to be afterwards discussed by the Council, but that "a scheme for amending any previous scheme" (clause 8) may from time to time be submitted by the medical authorities in any part of the United Kingdom to the General Medical Council. Is there any guarantee that, under clauses of this kind, we should not have a discussion over the "surplus" year after year? Each corporation will best know the bitterness of its own case, and think itself the most wronged in the general distribution, and will try for redress from the General Council. If the corporations discussed such matters at their own charges, it would not be so bad; but, sitting as they do at the great cost of the profession, we think we have some ground of complaint against the Bill for imposing such duties on them, and especially so when we consider how much such discussions will distract the Council from the higher matters of education and examination which it is its principal duty to regulate.

There is one other duty for the Council, of equal difficulty and delicacy with the preceding, which the Bill assigns. It concerns the registration of other titles than that of Licentiate in Medicine and Surgery, to be acquired by passing one of the conjoint boards to be established by the Bill and the registration of foreign degrees. Such other titles, whether got from a British university or some foreign quarter, it is proposed to give the Council the power to register, "if the diploma, degree, or title appears to the General Medical Council to be granted *in respect of a higher degree of knowledge* in Medicine and Surgery than is required for obtaining a licence under this Act." Now surely this is a delicate duty to entrust to a Council constituted, as the General Medical Council is, so predominantly of the representatives of medical corporations. They are to decide whether the examination to be passed in order to obtain any of the superior titles is *higher* than the examination of the conjoint

board. They are only to be permitted to register other titles on the condition of their finding that the examination after which they were granted was superior to that of the conjoint board. We are not objecting to the provisions of the Bill that such titles shall only be registerable on such a condition and in a separate column of the Register. On the contrary, we highly approve the provision, and should be glad to see all high-sounding titles refused registration which did not represent more than the minimum amount of knowledge. But we insist that the duty of deciding on the comparative severity of the examination for the legal licence and that for the honorary distinctions is one for which the Medical Council, as at present constituted, is very ill fitted.

The question will be one of infinite difficulty and delicacy. The University of London, and perhaps one or two others, may be allowed to pass unscathed; but there remain many degrees and diplomas, greatly prized by their possessors as carrying some sort of right to a title, concerning the examinations for which it will be very difficult for the Council to be either candid or critical. A fellow-feeling makes its members wondrous kind; and so it will come to pass that very poor degrees and diplomas will get recognition. This will tend to lower in turns the minimum examination and the examinations for these diplomas. Had the Bill created a Medical Council and a Licensing Board perfectly independent of all the examining bodies, that would have been a check upon them, and a standard of comparison. As it is, the board that is to license is so mixed up and identified with the bodies that are to confer titles, that there is a danger of a universal lowness. We commend these criticisms to all who are interested in a true measure of Medical Reform.

A SECTION of the community is opposed to all legislation for the prevention or limitation of the spread of certain contagious diseases, and especially to that at present in force. We have not concealed from ourselves the difficulties that would have to be encountered in attempting to carry out any scheme having an object in view like that which we are considering. By all means let the subject be fully discussed, provided the discussion be entered upon in an earnest spirit. It almost seemed, however, as if fact and reason were to be overborne by objections that appeared to us to be based upon false sentiment and misconception. At one time it was declared that physical suffering, which is the consequence of vice, was to be left uncared-for, lest vice should be encouraged. No effort was to be made to check the spread of syphilis, lest, by making immoralities of this kind safe, we should be removing a strong barrier to evildoing. At another time, exaggerated statements about the operation of the Acts, rendering modest women liable to insult at the hands of the police, led to much needless alarm. It is curious how often the opponents of these measures have, in their zeal, overlooked real objections for imaginary ones. Several articles have appeared of late in our contemporary, the *Westminster Review*; and as these are ably written, and contain a large amount of information, we propose to devote the present article to the discussion of the subject. The elaborate and lengthy nature of the articles in question will quite preclude the possibility of our doing more than seize on some of the more salient points.

We are furnished with some statistical tables; and we are told that the promoters of the Contagious Diseases Acts are constrained to admit that their results, as shown in the number of admissions to hospital of English soldiers suffering from venereal diseases, afford but a very feeble argument in favour of those Acts. So far from the results affording a feeble argument, we contend that, all things considered, they furnish rather a strong one in favour of these Acts. It is only right to remember that the very fact of their operation having been circumscribed within very narrow limits rendered it difficult, and in some cases ineffective. Dr. BALFOUR has been good enough to favour us with an inspection of some tables, recently drawn up by him, showing the extent to which the ratio of admissions into hospital for these diseases, per 1000 of mean strength, was higher or lower in 1869 than in each of the five preceding years. At seven of the English garrisons where the Act was in operation during 1869, we find the ratio of admissions per 1000 for primary venereal ulcers has been markedly lower during that year than in any of the five preceding years, with the exception of Devonport and Woolwich in 1868, and Shorncliffe in 1866 and 1867, where the numbers were in excess; but so insignificant was this increase that it could be fairly accounted for by the fluctuations that all statisticians know must be expected from time to time. On the other hand—and we regard this as a very significant fact,—if we take the results of fifteen stations unprotected by the Act, the ratio of admissions per 1000 has been, as a rule, much higher during 1869 than during the preceding five years. As regards gonorrhœa, the comparative results have not been so striking; but in the five protected stations the same rule has nevertheless obtained—viz., that a marked diminution has occurred in the ratio of admissions.

It has been urged by some that a gradual decrease in the amount of these diseases has been taking place of late years. Be this as it may, it can afford no explanation of the results derived from a comparison of stations. We are desirous of calling attention to the fact that it is in the number of primary ulcers that the diminution at the protected, and the increase at the unprotected, stations have been chiefly observed. It is these diseases that depend upon a specific poison; and they include that form which is alone entitled to be considered of a truly constitutional character. It ought not to be forgotten that it is against the contagious constitutional disease known as syphilis that we have to contend—a disease always insidious and slow in its course, often very formidable in its effects, capable of becoming a source of infection to an innocent nurse or parent, and of being hereditarily transmitted to the offspring. Mr. SIMON was so impressed with the importance of this variety that he was even led to consider the other forms of venereal disease as relatively insignificant in comparison with it.

The adoption of "Justina's" line of argument, and of her statement of facts in support thereof, is unfortunately inopportune, just as we have pointed out that her statements have resulted from a misconception of the facts.

The writer in the *Westminster Review* fully allows that these diseases are so widely prevalent, and so terribly destructive of the health and strength of the English people, as to render it urgently necessary that vigorous measures should be adopted to stay the insidious pestilence, the ravages of which are increasing. He says emphatically that something *ought* to be done. We have next, therefore, to consider the scheme put forth by him. This scheme, as a substitute for the present legislation, includes the following points—viz.: the periodical examination of soldiers; the provision of accommodation for venereal patients in the wards of general hospitals—and for that purpose the War Office should, to some extent, subsidise those hospitals; such social classification of fallen women, while undergoing treatment, as to prevent their feeling that they were a separate class from ordinary patients; and the exhibition of all consideration and kindness towards them. Under such circumstances he thinks that these women might be left to themselves voluntarily to seek the means of cure, and that all coercive measures for the examination and treatment of prostitutes when found diseased might safely be abolished. With much of this most persons would agree. As to the examination of soldiers, we may say that, apart from the expediency or not of returning to this system, it would effect extremely little. So many recruits are rejected on account of these diseases, that the ratio of venereal among them is quite equal to what it is among the soldiers themselves. The statements of Surgeon-Major WYATT and Dr. BARR are very far from affording conclusive evidence in favour of the system of examination. Dr. BARR, we are assured, was simply mistaken as to his facts; and the amount of primary and secondary syphilis in the men of the Guard regiments that are subjected to examination is greater than in another not so subjected. The amount of secondary syphilis in the latter proves that the primary is not actually present, but undetected. Rightly or wrongly, army surgeons contend that these periodical examinations tend to destroy the men's self-respect; but the retort that they have the same effect on the women with whom the men consort is beside the point. In the former, you have to subject all alike—the good and steady as well as the debauched soldier—to the system for the purpose of discovering any of the latter who may have concealed their complaints. But, in the case of the women, they pursue prostitution as a trade and a means of livelihood, which the poor creatures must continue or starve. The soldier, on the other hand, subjects himself to punishment for concealment of his disease. But even supposing, as we have said, that by a rigorous examination every diseased soldier were detected, the question arises—What is the proportion of the military to the remainder of the population, over whom no such surveillance is exercised?

Even if we supposed that there was ample hospital accommodation for all the diseased prostitutes in the land, we fear that we should still fail to stamp out the disease, and for this reason: a woman may be suffering from a syphilitic lesion, and be a source of infection to others, and yet remain in ignorance of her diseased condition. The constitutional form of syphilis, in its earlier stages and in some of its manifestations, is attended with the least amount of inconvenience to the patient herself, and the largest amount of danger to those consorting with her. On the other hand, those varieties that are attended with the smallest degree of danger to the constitution are often the most painful and marked in their symptoms. The subjects of the last will seek hospital for treatment and cure; but those affected with the first will not. Indeed, how is the presence of disease in them to be discovered without examination? Then, again, it is notorious that prostitutes are often very reckless; that they do not readily conform to habits of order and discipline, such as are required of patients in hospitals. Many of them will not readily enter these institutions, and others who do will not care to remain until cured.

The proposed classification in general hospitals of prostitutes suffering from venereal diseases in other than Lock wards, according to such social distinctions as they may be pleased to assert for themselves, is utterly impracticable in the face of the fact that no such classification is attempted in the cases of virtuous women suffering from other forms of disease, or from accidents. The recognition of such claims on behalf of prostitutes, while withheld from all other patients, would be a direct sanction and confirmation of the determining agents of the first false step which places a girl on the upper edge of the fatal incline, the terminus of which is the career of a prostitute. In the wards of a general hospital, the wife or daughter of an artisan or small shopkeeper may be seen occupying a bed next to that in which lies a pauper picked up after a street accident. Surely the distinction of classes among prostitutes would be a sore grievance and offence to those whose virtuous antecedents would exclude them from such privilege.

Now that the meetings at the College of Surgeons are over, we may, in the first place, congratulate the Fellows and Members of that corporation on the successful assertion of their right to meet in their own College; and, secondly, we may express our confident expectation that the effect of these meetings will be seen in still greater reforms within the College itself. That the right and opportunity of meeting should have been wrung from officials whose direct interest it was to prevent public discussion, and in the teeth of bye-laws expressly framed to prevent such meetings (though at the last moment found to be sufficiently elastic to admit of them), is the best proof that the Fellows have at last made themselves heard in the Council of the College, and that representatives who will not "worship the golden calf" are at last in sufficient number to enforce measures of salutary reform.

The adjourned meeting of the 22nd inst. was nearly as numerously attended as the preceding one, and the business transacted was more important than on the previous occasion. Mr. HOLMES, in resuming the discussion upon the motion for excluding the College of Surgeons from all participation in the formation of a single examining board for each division of the United Kingdom, took a brief survey of the previous discussion; and is to be thanked for deprecating the use of language savouring of personality, and especially the imputation thrown out by a speaker at the former meeting that something other than fair discuss on

was intended by those who had been at the trouble to obtain signatures to the requisition convening the meeting, and to sketch out resolutions with the view of leading to that discussion. That the amendment affirming the propriety of leaving the single examination in the hands of the corporations should have been lost, after some discussion, shows how widely spread the feeling of distrust in the corporations really is; and though the meeting was hardly prepared, probably, to go the length of the original resolution, the amendment eventually accepted can be regarded only as a compromise. The College of Surgeons must of necessity include among its examiners many gentlemen renowned both as anatomists and surgeons (in fact, as was pointed out by Mr. HEATH, the University of London has frequently and gladly embraced the services of these very gentlemen in their capacity of examiners); and it was only reasonable, therefore, that the meeting should wish to see this high standard maintained in any new board which might be called into existence.

The action of the Privy Council in connexion with the proposed Medical Bill is so fully discussed by us elsewhere, that we need not stop to remark upon Dr. EDWARD SMITH'S motion relating to the subject, except to note that it is somewhat unusual—though perhaps a healthy sign of the times—to have a gentleman, himself so closely connected with one department of Government, giving such decided home-thrusts to another and allied department.

The question of the right of the Fellows and Members of the College of Surgeons to elect a representative—or rather, as suggested by Dr. CRISP, representatives—in the General Medical Council, was perhaps as important a question as could have been brought before the meeting at the present juncture. The proposed Medical Bill leaves the formation of the General Medical Council in *statu quo*, notwithstanding the unanimous feeling of the profession respecting its shortcomings; and though Sir JOHN GRAY'S Bill provided for this representation by the clumsy method of adding to the number of the Council, the corporate interests are alone considered by the Lord President. If the right of the corporation of the College of Surgeons to elect one or more representatives in the General Medical Council is conceded, there will be at least in some sort a representation of the fifteen thousand Fellows and Members who form that body; and the concession of this right will in all probability follow the distinct assertion of opinion last week, as has always been the case when once the Council of the College have ascertained the set of the tide of popular feeling. Should it not, it will still be open to the Fellows and Members to try the question in the Court of Queen's Bench, and we have no doubt the necessary funds will be forthcoming if required.

THE Medical Council resolved on Thursday to discuss the Government Bill clause by clause; and it had not gone far into the discussion before disclosing a deep dislike to what we suspect is a vital part of the Bill. The disclosure was made in the discussion of Clause 3, which runs as follows:—

"After the date fixed for the commencement of examinations by the first medical examining board appointed under this Act, no person who is not at that date qualified to be registered under the principal Act shall be registered under that Act, unless he has, after examination by a medical examining board appointed under this Act, obtained a licence to practise in medicine and surgery under this Act."

Mr. HAWKINS moved, and the Council consented very heartily to, the substitution for the words "a licence," of the words "a certificate of competency." Our readers will remember that the Bill provides for the establishment of a Conjoint Board in each division of the kingdom; which Board alone is to grant a licence to practise. In other words, although the Bill, in its future clauses, contemplates affiliation with one of the present corporations or universities in virtue of passing the Conjoint Board, yet the strict licensing power rests with the Conjoint Board, and is, by Clauses 3, 19, &c., taken away from the existing corporations and universities acting singly. It was argued by the Council, very plaintively, that this was the abolition of a power belonging to the single corporations, that was at once time-honoured and profitable. Moreover, the clause was not consistent with the clause in the plan of the Council framed to secure a complete conjoint examination, but requiring affiliation with one of the licensing bodies after passing the Conjoint Board as a condition of registration. Strong were the expressions used by several members of the Council. And the desire to retain the licensing power was almost universal. If the Scotch representatives were a little more eloquent than others, Dr. BENNETT, on behalf of the London College of Physicians, and Dr. AQUILLA SMITH and others on behalf of the Irish bodies, spoke to the same effect. The motion was made by Mr. CÆSAR HAWKINS, who represents the College of Surgeons of England.

It will be seen how difficult it is to please all parties. Most of us think that far too much power is still left to the corporations in this Bill. They see in it an abolition of one of the least of their functions—acting in their individual capacity,—and a great risk of a diminution of their income.

It remains to be seen how far the Government will insist upon the examination by the Conjoint Board carrying a perfect licence to practise. They must insist upon it, and, if the Bill is not to be a mockery, it must be the only licence. It will never do to add to the present nineteen licences a twentieth. Perhaps both the Government and the Corporations may yet come round to our view of the case, and see the wisdom of establishing a perfectly independent Licensing Board, the fee for passing which should be just enough to pay the cost of examination. This would leave the person who passes it both the desire to be affiliated with a corporation and the money to pay for it.

Medical Annotations.

"Ne quid nimis."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday evening the adjourned debate on Mr. Gant's paper on the Excision of Joints was continued and concluded, being maintained chiefly by Messrs. Callender, H. Lee, Willett, Hancock, Savory, and T. Smith. Contrasted with former discussions upon the same subject, it was remarkable for the absence of

any opposition to excision as an operation, the procedure being now firmly established in the convictions and the practice of the leading surgeons of the metropolis. In the first debate, it was suggested by Mr. Solly that excision was hardly as much performed in country districts as it might be, and that some limbs which might be saved were now sacrificed by amputation. In this remark there is doubtless much justice; but, at the same time, it must be remembered that excision, especially of the knee-joint, is an operation requiring very careful and often prolonged after-treatment. This is very easy in a great hospital; but it is by no means easy in a country hospital, where there are perhaps no pupils, and where the resident surgical officer is already overworked. In private practice it is often utterly impossible; and the surgeon has then not only to consider what form of operation is abstractedly the most desirable, but also, and even primarily, what form of operation there is the greatest probability of his being able to conduct to a successful issue. An amputation may require very little looking after when once the shock of its performance is over; but an excision, especially if it does not prosper, cannot be left without daily and prolonged attendance. The country surgeon, therefore, especially among the poor, who have almost a monopoly of the neglected joint disease for which chiefly operation is required, is very far from being a free agent, and must accommodate himself to circumstances, and do what he can rather than what he would wish. It will be one of the benefits of the cottage hospital that in many districts conservative surgery will for the first time be rendered possible by its aid. In the meanwhile Mr. Gant's paper, and the interesting debate that it called forth, will serve to keep the attention of the profession directed to this important subject.

PROFESSOR TYNDALL.

PROFESSOR TYNDALL has reappeared as a controversialist in the columns of *The Times*. We have already noticed the letter to that journal which revived the memory of the almost forgotten lecture on Dust and Disease; and, coincidently with our notice, it was sufficiently answered by Dr. Charlton Bastian. To this answer Professor Tyndall has replied, using a certain personality and almost intemperateness of language, very characteristic of insufficiency of fact and argument. He terminates his letter by a declaration that for a long time to come he will not be able to devote any attention to the subject; but this notice of withdrawal from the debate has not saved him from a damaging rejoinder at the hands of his antagonist. Dr. Bastian is, we think, somewhat less skilful than the Professor in the construction of telling sentences; although there is a stinging touch of sarcasm in his suggestion that the brilliancy of Pasteur as an experimenter "has doubtless blinded many to his defects as a reasoner." His strength as against Professor Tyndall lies in his mastery of the subject, and in his power to avoid errors into which the eminent physicist has unconsciously fallen. It is probable that the intellect can only be rendered unbiased by the possession of the most complete attainable knowledge, and that men take sides upon all subjects on which their information is incomplete. "The human mind," said Luther, "is like a drunken peasant on horseback: set him up on one side, and he falls over on the other." Professor Tyndall would accurately weigh every element in a problem concerning heat or sound. But when he strays into the tempting fields afforded by the phenomena of life, his caution deserts him, he begins his letters as a partisan, and ends them by being angry. Similar instances are not far to seek. We all know the way in which a distinguished man of letters set himself to teach physiology to physiologists, and the speed with which he sank into an abyss of inaccurate observation and inconclusive reasoning. Macaulay has illustrated the mental state of biographers by describing how Middleton, after destroying the pretensions of half the Romish Calendar, "composed a lying legend in honour of St. Tully." In like manner, Professor Tyndall has elevated Pasteur into an oracle, and describes the "fact and inference" of Professor Lister as "a spot of perfectly firm ground." Dr. Bastian, on the contrary, calls them "a treacherous morass." He does so on the evidence of researches of his own, the details of which have not been fully given to the world.

The time has not yet come for us to form a confident opinion on the profoundly difficult and important question of spontaneous generation. Nor is it at present possible to determine the exact value of Professor Lister's antiseptic treatment, which requires great care and minute trouble in its application. It is to be admitted, on the one hand, that many surgeons have tried and have been disappointed by it; and, on the other, that Professor Lister, Mr. Bickersteth, and others have obtained very remarkable results. It is quite possible that these results have nothing to do with the existence or the destruction of germs; and, apart from germs, the treatment may be good. The surgical question and the physiological are practically distinct. If the question of germs is not, strictly speaking, a surgical one, still less is it one for a physicist. Professor Tyndall appears to promise that he will return to the question at some future time. We hope, if only for the sake of his own reputation, he will by that time have learnt greater caution in traversing a country the landmarks of which are strange to him. Especially do we hope that he will not again publish an account of an elaborate experiment, in a special box half glass and half wood, and with the aid of an electric lamp, for the purpose of showing that suspended motes will sink when the air around them is at rest. We can conceive no nearer approach to taking tea by stratagem than this; unless it were an experiment still more elaborate, to show that the heavier motes would be the first to reach the bottom of the box.

A LONDON MEETING OF THE MEDICAL REFORM UNION.

THE executive of the Medical Reform Union have determined to hold a meeting in London, at the Freemasons' Tavern, on Saturday, May 7th, to discuss the merits of the Medical Bill now brought before Parliament, particulars of which will be found in our advertising columns. This date will be too late to influence the course of the Bill in the House of Lords. But the House of Commons is the place where an organisation representing 10,000 practitioners may be expected to have influence. The Union has acted with eminent discrimination and moderation throughout its whole course. We believe it is the wish of the executive to promote the fullest discussion, and to come to resolutions really expressing the views of the unprecedented number of medical men who have signed the Memorial. We urge especially the discussion of the following features of the Bill.

First, that it leaves the General Medical Council unaltered in its composition,—with eighteen or nineteen representatives of corporations, to six Crown members; the consequence being—and this will be the second point to consider—that Government proposes to take the final power over all the medical bodies into its own hands. Entirely overpowered in the Council, it provides for a power entirely independent of the Council, and supreme. It is surely paying dearly for the present composition of the Council, that the independent self-government of the profession has to be

bartered away to maintain it. Thirdly, that the Bill leaves the corporations masters of the examining situation, and contemplates a scheme which will leave them pecuniarily interested in passing numbers, and which will involve an artificially high payment for a mere licence to practise,—in other words, a tax upon the profession. We wish to see the corporations elevated in character and function, as well as pecuniarily prosperous, by relieving them of the licensing functions altogether, and devolving these upon an entirely independent Board, to be elected by, and responsible to, a reformed Medical Council,—*not to a Government department*. We confidently look for the concurrence of the Union upon the first two points. On the second there may be more difference of opinion, though there are many indications of the feeling of the profession in favour of an independent examining board.

We have only one suggestion to make to the numerous members of the Reform Union. A large number of them have not yet sent the very small subscription which would be necessary not only to pay off the balance of £100 still due to the treasurer, but to leave the Union in the possession of funds for further work during the course of the Bill in the House of Commons. Let every man who signed the memorial immediately send a small subscription to the treasurer, and he will greatly contribute to the power of the profession in Parliament in the ensuing weeks.

We have one suggestion for the executive—to make the meeting representative of every class of practitioners and of every branch of practice.

If these suggestions are carried out, the meeting of the 7th in the Freemasons' Tavern may let people know that the profession is capable of organisation, of harmony, and of exerting power.

THE LATE RETROGRESSION.

JUSTICE to Ireland is the order of the day; and we should be sorry that Mr. Quain should be deprived of the smallest particle of credit due to him. On Friday week, in a very excited speech, Mr. Quain claimed the unconfirmed motion respecting the division of the Court of Examiners, to which we referred last week, as his own, and not Mr. Humphry's; and as he had certainly brought forward a precisely similar motion, with the exception of the substitution of the word "four" for "half," we will willingly concede the point if Mr. Quain will condescend to solve the following dilemma in which we find ourselves:—If the motion was Mr. Quain's, why, in the name of common sense, was its rejection postponed because Mr. Humphry was absent?

We quite appreciate the difficulty in which the Council has been landed by the two resolutions—requiring one-half the Court of Examiners to be outside the Council, and also separating the examiners in anatomy and physiology from those in surgery, as proposed by Mr. Curling. The charter of 1843 requires that there shall be six examiners to form a Court for granting the surgical diploma; and, therefore, if the present ten examiners are *equally* divided (which is by no means necessary however) to form two separate boards, one member of the anatomical board must sit with the surgical board to make up the *quorum*. Probably four examiners in anatomy and physiology would be sufficient for all practical requirements, and three vacancies to be thus filled up must occur this year. Mr. Quain has had the satisfaction of announcing to the Fellows and Members that his resignation is already in the President's hands; and the applause with which this announcement was greeted may possibly move some other member of the Court to follow so good an example.

As regards the unconfirmed motion, the worst that can happen, if it is eventually carried, as we hope it may be, will be that, when the number of existing examiners is reduced to five, some eminent surgeon not on the Council will have to be elected to the surgical board—an infusion of new blood by no means to be regretted.

PROFESSOR LAYCOCK ON LADY MEDICAL STUDENTS.

THERE are very varying opinions abroad in the medical profession and among the public as to the advisability of allowing women to practise medicine. There are still more serious and widely-spread doubts as to the possibility of educating ladies in the same lecture-rooms and dissecting-rooms with male students. But until last week we were not aware that anyone, in the profession or out of it, held that the mere fact of ladies wishing to be educated in common with men, in order that they might make sure of receiving the highest and most thorough scientific training, justified those who held contrary opinions in loading them with abuse and vulgar insult. It has been reserved for Dr. Laycock, professor in the famous University of Edinburgh, to set an example which, we trust, even the least courteous and gentlemanly of first-year's students will hesitate to follow.

We need not recapitulate the dispute about Miss Pechey's treatment in reference to the Hope scholarship; but at any rate we shall not be contradicted when we say that everyone who read Miss Pechey's own letter to *The Times* on the subject, must have at once perceived that she was a lady of high mental cultivation, and with very noble views of the aims of science. It was notoriously in consequence of the strong feeling which this lady's case excited that Professor Masson proposed to the General Council of the Edinburgh University the removal of all restrictions preventing male and female students of medicine from studying together in the same class-rooms. It was therefore to Miss Pechey, or to ladies like her, that the expressions of Professor Laycock must, by inference, be applied. We are not going to repeat those expressions here. We shall only remark, that if the coarsest of those few students who still keep alive the bad traditions of the Bob Sawyer period had given utterance to the insinuations which were used by this distinguished professor, we should simply have shrugged our shoulders, and concluded that the delinquent would be at once expelled with ignominy from his school. Unfortunately there are no such punishments for highly-placed men like Dr. Laycock, but at the least we can express the deep indignation and disgust which we are certain every gentleman in the profession must feel at the outrage of which he has been guilty.

PARASITES OF THE FEMALE GENERATIVE ORGANS.

AN essay on this subject has recently been published by Dr. D. Haussmann, of Berlin, the prominent points of which we here append. The animals examined were—mare, rabbit, guinea-pig, rat, bitch, and cat, and great care was taken to procure the vaginal mucus from as great a depth as possible, and free from contamination. He divides them into (*a*) vagrant, (*b*) animal, and (*c*) vegetable parasites; subdividing the first again into—1, those proceeding from without, either from germs carried by the air, or from local contact, or from the dens or lairs of the animals; 2, those proceeding from the urinary organs; and, 3, those proceeding from the intestinal canal, either by migration, uncleanliness, or through fistulæ between the rectum and vagina. Amongst the first group he has found the theca of a fungus, probably identical with the Sporidesmium fuscum and the spores of two other kinds of

fungus, itch insects, and smut and rust spores derived from the hay or straw upon which the animals have rested. Amongst the second group he has discovered or met with records of the echinococcus, the eggs of the Distomum and Oxyuris, Strongylus gigas, and Pentastomum denticulatum, and of the Sarcina. Lastly, amongst the third group he has found the ova of Tænia solium, Ascaris lumbricoides, the Leptothrix buccalis, and in rabbits, Cryptococcus guttulatus. The only animal parasite included under the second of the above heads to which he alludes is the Trichomonas vaginalis, an infusorial animalcule of round or oval form, with a bluish-grey contractile integument, and provided with a whip-like cilium in front, and a stiff process behind. These appear to be very resistent of external influences, continuing their movements in the mucus of the vagina even when very acid. The organisms included under the third head of vegetable parasites are vibrios and bacteria, the Leptothrix vaginalis, and Oidium albicans. He made numerous experiments with the object of propagating various fungi, as the Penicillium glaucum, Aspergillus glaucus, Microsporon furfur, Botrytis cinerea, Mucor mucedo, and Mucor stolonifer, in the vagina or vaginal mucus, but with uniformly negative results.

THE SANITARY CONDITION OF EASTBOURNE.

THE local authority of Eastbourne has set itself to work to carry out thoroughly Dr. Thorne Thorne's recommendations for the sanitary improvement of the town. It has called to its aid Mr. Maclean, C.E., and under his advice not only will Dr. Thorne Thorne's recommendations be carried out in their fulness, but additional measures will be taken to secure an efficient ventilation of the sewers without detriment to the health of the inhabitants, and the sanitary staff of the local authority will be permanently strengthened. With a better distribution of the water-supply, a proper regulation of water-closets and of the waste-pipes of cisterns, and more efficient superintendence and some extension of the sewerage, Eastbourne will be almost entirely freed from the risk of recurrence of an outbreak of disease such as that which has recently led to official inquiry on the part of the Privy Council, and which has thrown a cloud over the health reputation of the place. The sanitary condition of our health-resorts is not a question of mere local interests; and it is obvious that what conduces most to the sanitary reputation of such resorts must conduce most to the welfare of the inhabitants. The necessity for the recent official inquiry at Eastbourne ought never to have arisen; and it could not have arisen had the local sanitary authority properly carried out the duties entrusted to it by the Legislature, and the inhabitants themselves seen to, and aided in, the effective performance of those duties. The general state of the health of Eastbourne stands well; and the inhabitants will have themselves only to blame if the blot upon its reputation, arising from the recent prevalence of fever, is not immediately and permanently swept away. Now that the public can be assured that the local authority is doing properly its duty and removing the evils discovered by the late inquiry, we have little doubt that the town will very quickly recover the favour of seekers after health and pleasure.

THE BRADFORD INFIRMARY.

WE have survived an attempt to read all that has appeared in the Bradford newspapers for the last month or six weeks on the subject of the discord between the resident medical officers of the Bradford Infirmary and the matron of that institution. Notwithstanding that it seems to have been the principal subject in Bradford during this time, the exact merits of the case are not yet clearly brought out. For this the Board of Management and the special committee appointed to inquire into the matter appear to us to blame, by reason of their imperfect publication of the facts. We cannot compliment Mr. Rouch on the style in which he writes charges against the matron, nor on the proofs with which he supports them. There is a want of dignity in the language, and a want of conclusiveness in the proofs. Still a few things are very clear, which seem to show that in almost dismissing Mr. Rouch, and retaining, with very scant censure, the matron, the Board is seriously responsible. It is admitted even by the committee that the matron used insulting language to Mr. Rouch. It is true that the committee allege that Mr. Rouch gave the matron great provocation; but, as they have chosen not to publish the details of the evidence, we have to take this upon their word, and it seems much more likely that the provocation was the other way. Secondly, it is made out that the matron has caused beef-tea to be made on economical principles, and the assertion that she made it so on the request of Mr. Rouch is disproved by the evidence of the cook, who was in the infirmary before Mr. Rouch's time. Thirdly, the entire sympathy of the press, and of the patients, subscribers, nurses, and servants of the infirmary, seems to be with Mr. Rouch and his two resident colleagues, who have also resigned. Not only so, but the resident medical officers have been entertained, since their resignation, at a complimentary dinner given by members of the medical profession, of whom twenty or thirty were present, and at which Mr. Miall, one of the honorary surgeons, presided. Former house-surgeons, too, testify to the same treatment at the hands of the matron. Such unanimous testimony may be a mere conspiracy against an innocent matron; but such a view of it is extremely improbable. And it is monstrous that all the patients and all the servants of an institution, and its resident medical staff to boot, should be made uncomfortable for the sake of one person.

ROYAL MICROSCOPICAL SOCIETY.

A VERY successful *soirée* was given by the Royal Microscopical Society on the evening of the 20th inst. at King's College, which was fully attended, and at which, as usual, a very large number of exquisitely-prepared microscopic objects were exhibited. Amongst the most interesting of these were the objects from the deep-sea dredgings, recently undertaken by Dr. Carpenter, who himself attended, and courteously explained the nature of the specimens he had collected. These included the lowly-organised Astrorhiza, in which the small clump of protoplasm, of which the animal is composed, is surrounded by a case of sand grains loosely aggregated together, and found at the depth of 540 fathoms; the Botellina, the structure of which is similar, but which possesses a mouth; the Saccamina and Pilulina, the latter of which has a beautiful shell, made up of white sand grains, worked up with the pointed ends of sponge spicules, and brought up alive from a depth of 1215 fathoms; Rhabdammina, some of which were obtained from a depth of three miles; with many other Foraminifera, Sponges, Radiolaria, &c. These, as may be supposed, attracted great interest, as proving the existence of active life at depths and under conditions that were formerly believed to be unfitted for the performance of the vital operations of even the lowest organisms. In other parts of the room specimens of almost every class of the animal kingdom were exhibited, the recognition of which was materially facilitated by the descriptive catalogue published by Charles Stewart, F.L.S. We noticed some magnificent specimens of Hyalonema and Euplectella. In one of the

upper rooms of the College demonstrations of spectrum analysis were conducted. The number of microscopes of all kinds and descriptions, from the cheap but by no means to be despised students' microscope to the complicated instrument of Ross and others, must have amounted to many hundreds.

THE HOMOLOGIES OF THE MANDIBLE AND HYOID BONE.

A most interesting paper on the Skeleton of the Vertebrata was read on Thursday, April 21st, before the Linnæan Society, by Mr. Mivart, F.R.S. The author's remarks were chiefly confined to the homologies of the hyoid and mandibular arches, and of the "chevron bones" which occasionally underlie the bodies of the caudal vertebræ of mammalia. Owen and Carus regard the bronchial arches as "splanchnic" elements, while according to Prof. Huxley they are the "serial homologues" of the thoracic and abdominal ribs. Mr. Mivart, on the other hand, considers that they answer to the internal ventral laminæ of embryonic existence, or are, in other words, "apaxial" elements. This view he holds to be supported by the fact that in certain sharks cartilaginous elements are superadded *outside* the bronchial vessels, which answer to the costal or external—"paraxial"—ventral plates. To judge from the extracts which Mr. Mivart read before the meeting, the paper will be a valuable contribution to the literature of philosophical anatomy.

THE COLLEGE OF PHYSICIANS AND THE MEDICAL BILL.

The debate on the proposed Medical Bill at the Comitia Majora of the College of Physicians, on Monday last, displayed the existence of very strong feelings with respect to more than one of the provisions of that measure. We understand that, although no formal resolution to that effect was passed, a most decided opinion was expressed, on all sides, that the present constitution of the General Medical Council is most faulty, and should have been amended. On the other hand, much indignation was expended on that part of the Medical Bill which vests the power of final veto, and alteration of the educational arrangements, in the hands of the Privy Council—that is, speaking plainly, in the hands of Mr. Simon. We, too, think it a very undesirable arrangement that so much power should be lodged in the hands of any one man, even if he be as able as Mr. Simon. But we beg to remind the College of Physicians, and indeed the profession generally, that they have themselves alone to thank for the present disposition of the Government to take extreme measures. Had the corporations frankly acknowledged the necessity of a minimum professional examination, to be carried out not by themselves but by an independent body, and had the corporations and the general profession united to insist upon the replacement of the present useless Medical Council by a small and really representative one, the Government would, nay must, have yielded to their wishes. They have made their own bed, and if they find they have to lie upon it, we shall all know who is to blame.

METROPOLITAN POOR RELIEF.

The Metropolitan Poor-Relief Bill passed the second reading on Monday night without a division. Although for the moment it contravenes some of the established principles of public taxation and expenditure, we cannot but regard it as an important step in a direction which, if pursued with firmness, must lead to a wonderful improvement in the administration of poor relief. In time, no doubt, we shall have a municipal government for London which will be endowed with powers of taxation for all local objects, and it will then be most desirable that the administration of the Poor Law should be carried out, subject to municipal control. But until that time we can see no alternative to giving support to the central board, or rather the President of the Poor-law Board; and our chief regret at being compelled to do so lies in the fact that so many of Mr. Goschen's staff are either paralysed by red tape, or have obtained their appointments by means and influences in which the question of competence had very little place. One great advantage the Bill will, undoubtedly, confer on the sick poor in workhouses. It will secure for them sufficient cubic space, ventilation, and medical appliances; and we may be permitted to hope that the very expense of this liberal in-door treatment will protect the sick poor from anything like a harsh application of the workhouse test, and will lead the guardians to carry out the system of dispensaries thoroughly, in order that the sick may, as far as possible, be treated promptly and economically in their own homes.

SIR THOMAS WATSON.

The profession will hear with much concern that Sir Thomas Watson has been seriously ill. The attack began during the cold weather with severe muscular and neuralgic pains in the back and one thigh. This attack confined him to bed. Then, probably in consequence of a chill while sitting up in bed, he got inflammatory congestion of the lower part of both lungs. The pulmonary symptoms soon began to subside, and have now almost entirely passed away. Sir Thomas is still confined to his bed, but there is every reason to hope that he will continue to make steady progress towards complete recovery. The medical friends in attendance upon him are Dr. Burrows and Dr. George Johnson.

H.R.H. PRINCE LEOPOLD.

Mr. G. Vivian Poore, M.B. Lond., M.R.C.P., has been appointed private medical attendant to Prince Leopold, whose health, unfortunately, requires close medical supervision. Mr. Poore was a distinguished student of University College Hospital (where he has recently filled the office of resident medical officer), and took the Exhibition and Gold Medal in Medicine at the M.B. examination in 1868.

MEDICAL REFORM AT LIVERPOOL.

A meeting of the profession at Liverpool was held on the 25th instant, when a resolution was passed approving strongly the establishment of a Conjoint Board. Mr. R. Hamilton proposed—"That this meeting is convinced that no enactment will give satisfaction to the profession at large which does not provide for a more direct representation of the general body of practitioners on the General Medical Council." The motion was unanimously agreed to. The *Courier* adds that a telegram was read from Mr. Graves, M.P., stating that a strong opinion existed in London against the great powers given to the Privy Council. This must have been well known to the meeting, but, strange to say, it does not seem to have discussed this feature of the Bill.

A petition of the registered medical practitioners residing in Liverpool has been addressed to both Houses of Parliament, setting forth the practitioners' gratification at the introduction into Parliament of a Bill for the establishment of a single joint examining board for each division of the kingdom. The petition further shows that the medical profession will refuse to rest satisfied with any legislation

which does not provide for the direct representation of the members of the profession upon the General Medical Council, and, accordingly, desiderates such a provision in the Bill now before Parliament.

DR. SLATER AND THE GUARDIANS OF ISLINGTON.

THE Poor-law Board, in an answer to a memorial of Dr. Slater, have informed him that the guardians, in electing another person to his district, have acted within the scope of their legal powers, and the Poor-law Board do not think that they have any authority to interfere in his behalf. They would, however, be willing to send a copy of his memorial to the guardians. This Dr. Slater has declined. We have not heard that the guardians have acceded to the request of the Poor-law Board to be furnished with their observations on the practical dismissal of Dr. Slater. The letter of the Poor-law Board, and the recent remarks of Mr. Goschen in the House of Commons, both point to the necessity of revising the mode in which such appointments shall in future be made.

LADY MORDAUNT.

THE reference made in last week's LANCET to Lady Mordaunt has called forth from Dr. Tyler Smith a letter in *The Times* discourteous in tone, if not disingenuous in substance. We had stated that Lady Mordaunt's mental condition had for many months undergone no perceptible change; that her Ladyship was residing with Dr. Wynter and his family; and that dementia resulting from ordinary insanity is almost invariably hopeless, but as the sequela of puerperal mania its prognosis is more favourable. To the first of these statements Dr. Tyler Smith gives a vague denial, and then proceeds to insinuate that her Ladyship is under his medical care, and his only,—if not also under his own roof. In an evening contemporary, Dr. Wynter confirms our statement that Lady Mordaunt has been for the last three weeks under his "immediate care" and "constant inspection;" while Dr. Tyler Smith must excuse us for saying that the opinion we have expressed as to her Ladyship's mental condition was derived from sources whose authority we decline to supersede by his own.

THE SPECIAL CONSTABLE AT THE COLLEGE OF SURGEONS.

FROM a letter which Mr. Heath has forwarded to us, and which appears in another column, we learn, with pain and regret, that the statement made with so much *bonhommie* by the President of the College of Surgeons at the meeting on the 22nd inst. was incorrect. It is simply an outrageous fact, that the authorities of the College of Surgeons did so mistrust the Fellows and Members of their corporation that, on the eve of their assembling together, they took steps to swear in the most stalwart of the College servants to act as a special constable in case of apprehended riot. The official document quoted by Mr. Heath leaves no doubt as to the fact of the constable's being sworn in "to prevent felonies and disorder" at the College of Surgeons, on the 24th March, and the statement made by Mr. Cock is therefore proved to be inaccurate.

The police authorities of the present day are not given to delegating power to irresponsible hands; and the idea, therefore, that a special constable was sworn in "months ago," as suggested by Mr. Cock, with no special object in view, was simply absurd, and a very little inquiry has sufficed to expose the recklessness of this official statement.

THE Committee of the Association for Extending the Contagious Diseases Act to the Civil Population will meet on Tuesday, May 3rd, at 12, Cavendish-square, at 2 P.M., to discuss the annual report and other business.

DR. RUTHERFORD, C.B., Deputy Inspector-General of Hospitals, will, it is expected, succeed Deputy Inspector-General Dr. Crawford, as head of the Medical Branch, on the latter gentleman's vacating that appointment.

SIR JOHN GRAY, M.P., is, we regret to hear, suffering from a severe attack of inflammation of the throat.

IN the case of the woman against whom we noticed last week that Dr. Aldis had taken out a summons for conveying in a cab a child suffering from scarlet fever, a mitigated penalty has been imposed; but the magistrate announced his intention to impose the full penalty in future cases.

THE students at Surgeons' Hall, Edinburgh, have just presented a splendid case of amputating instruments, with a highly flattering address, to Dr. Alexander Sinclair, who has for two years held the position of Demonstrator of Anatomy at the Hall, and is now about to leave for England.

DR. HARDWICKE, the medical officer of health for Paddington, has instituted proceedings in four cases of neglect of vaccination; and Mr. Mansfield, the Marylebone magistrate, in adjudicating upon the cases, expressed himself strongly against the ignorance and obstinacy which hindered the effective operation of the Act.

THE Bucks Militia, which has its head quarters at High Wycombe, is not to be called out for training this spring, in consequence of the prevalence of small-pox in the town.

THE Town Council of Stamford held a special meeting last week to take Mr. J. N. Radcliffe's report on the sanitary condition of the town into consideration, when it was unanimously decided to adopt the Local Government Act, in pursuance of Mr. Radcliffe's recommendation.

THE subscriptions to the fund for defraying the costs of the projected inquiry upon sewage utilisation by a committee of the British Association amount now to upwards of £1200, and we are glad to learn that the committee will begin their investigation forthwith.

ON the evening of Thursday, the 21st inst., the attendants of the County and City of Worcester Pauper Lunatic Asylum, assisted by the officers of the Scots Fusilier Guards, gave an entertainment in honour of Dr. George Stanley Elliott, medical assistant in the institution. The programme included several vocal performances, in which Lieutenant-Colonel Moncrieff greatly distinguished himself; and at the close a very handsome silver cup was presented to Dr. Elliott, in token of the esteem he was held in by everyone connected with the Asylum, to which he was about to bid farewell.

THOSE of our readers who belong to the public services may be glad to have their attention directed to an advertisement in our columns announcing that the officers of the Navy and of the British and Indian Medical Services will dine together at Willis's Rooms, on the 3rd of June, Sir Galbraith Logan, K.C.B., Director-General of the Army Medical Department, to preside.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Special Meeting.

ROYAL COLLEGE OF SURGEONS.

THURSDAY, APRIL 28TH.

IN consequence of the introduction of the new amended Medical Bill into the House of Lords, the Medical Council was summoned to assemble on Thursday at the College of Surgeons, the usual place of meeting at the College of Physicians not being available. The Council met at 2 o'clock, Dr. Paget, the President, in the chair. All the members were present except Dr. Rumsey. The Minutes of the last meeting having been read and confirmed,

The PRESIDENT said: All the members of the Council are perhaps aware that the rooms in which we have been so often kindly received at the College of Physicians are occupied to-day by the ordinary business of the College, so that it was impossible for the Council to meet there. That was no sooner made known by one or two of our members to the authorities of this College than these rooms were very courteously offered for the use of the Council as long as they could be spared from the ordinary business of the College—that is, for four days, until Monday. After Monday they will be again required for the College examinations. We have met to consider the Bill which has been presented in the House of Lords by the Lord President of the Council, and it is important, for the thorough and expeditious discussion of the Bill, that we should follow some order in considering it. This matter was talked over yesterday by the Executive Committee, and the opinion I am going to suggest now is in accordance with that of the Executive Committee. Evidently three things ought to be done. First, for a thorough discussion of the Bill, it is necessary to go over the clauses *seriatim*, discussing them clause by clause. Next, if any member of the Council considers that there has been any omission in the Bill, that there ought to be something in the Bill which is not to be found there, he should be at liberty to draw our attention to it, and to propose a resolution accordingly. And, thirdly, some members of the Council may wish to propose either a general or a modified approbation or disapprobation of the Bill. Then the question would be in what order we should take these matters. Perhaps the most obvious one would be, first to discuss the question of a general approbation of the principle of the Bill, corresponding somewhat to the second reading of a Bill in the House of Commons. But to that there is rather a practical objection on the score of economy of time. Discussion of that kind is almost sure to become a discussion of particular clauses of the Bill, and so to lead to a repetition of the discussion. It was thought, therefore, by the Executive Committee, that the greatest economy of time would be secured by entering at once upon the discussion of the Bill clause by clause, and taking the other two matters afterwards. After the discussion of the Bill, clause by clause, any member of the Council may suggest any new matter that he thinks ought to be in an amended Medical Act, and then, if the Council thinks proper, some resolution may be proposed giving a full, or a general, or a modified approbation, whichever the Council think proper, to the Bill. If that be the wish of the Council, we will proceed in that order. The first business on the programme, in accordance with this mode of proceeding, is a notice of motion by Dr. Acland for resolving ourselves into a committee for the consideration of the Bill, clause by clause. I will only mention one other thing, which has been suggested to me by one of the members, that members of the Council who have any particular amendment on any one or more clauses of the Bill, should express their opinions in the form of notices of motion in the programme. They will, by that means, give time to the other members of the Council to consider the subject, and will have their views more thoroughly discussed, and thus save time and facilitate business. There is one other matter I should draw your attention to. About an hour ago I received an unofficial communication expressing the opinion that there had been exaggerated notions entertained, not by this Council, but by other bodies and persons, as to the extent of the powers proposed to be conferred upon the Privy Council by this Bill, in reference to a Medical Examining Board, and the examination rules. Of course in this matter I am expressing no opinion of my own. I do not think this a suitable time to express any opinion, but I was requested to make some explanations upon the subject, and I think it reasonable to do so as far as I can. I am enabled to do that partly by what passed in a conference with Lord De Grey with which the Executive Committee were favoured on the 8th of April, and partly by the unofficial communication I have received to-day. There was a good deal of conversation with Lord De Grey as to the powers given to the Privy Council, and particularly with reference to the power of modifying the schemes put before them. I may say at once it was distinctly stated by Lord De Grey, and confirmed as a matter of legal interpretation by the gentleman who was with him, and who was the draughtsman of the Bill, that the words in this Bill would give the Privy Council no power whatever of originating any scheme, or of modifying anything beyond the four corners of the schemes brought before them by the Medical Council. Those were the words used in the conversation. That was distinctly stated more than once by Lord De Grey, and by the legal gentleman, the draughtsman of the Bill, who sat beside him. The opinion then expressed amounted to this: that it would be wrong to construe the power of the Privy Council to make modifications in the scheme proposed to them as a power to convert the scheme into something entirely different, because that would be a power of making a scheme—a power which was withheld from the Privy Council by the Bill. Under the Bill the Privy Council would be obliged to leave the main features of the scheme untouched. That is substantially the opinion of those who have been concerned in drawing up this Bill. I mention it merely as a matter of explanation, and not, of course, as any argument for being or not being satisfied with the Bill as it stands. I think it was due to Lord De Grey and those who drew up the Bill to make so much explanation; but of course you will understand that what I state is not from any official communication. As is known probably to most of you, the shocking calamity that has befallen Lord De Grey's family within the last few days makes it almost impracticable to have any official communication with him at the present time.

At the suggestion of the PRESIDENT the Business Committee was re-appointed, and on the motion of Dr. ANDREW WOOD, seconded by Mr. HARGRAVE, the Registration Committee was also re-appointed.

Dr. ACLAND proposed "That the Council do now resolve itself into committee for the consideration, clause by clause, of the Medical Act Amendment Bill, presented to the House of Lords by the Lord President." In doing so, he said, one reason why it would be convenient to follow the mode of procedure which the Executive Committee had decided upon recommending to the Council was, that by to-morrow the amendments and propositions and suggestions which had occurred to the minds of different members of the Council would be placed before them. Alluding to the meeting being held at the College of Surgeons instead of at the College of Physicians, he said that he had not been in the room since the Council met there in 1859, when the first really serious meeting in which important business was transacted was held. Just one half of the present Council were there on that occasion, and they must all be struck with the extraordinary change which had come over the spirit of medical affairs since that time. Instead of meeting as at that time with difficulty and with doubt, and holding discussions such as could not and would not now take place, the Council were now a combined body, having but two great objects before them,—first, the good of the public at large and of the whole profession, and, secondly, the maintenance of the character for usefulness of the several bodies which they represented. It was sometimes imputed that the Council advocated principally the interests of the bodies which the members represented, but in his opinion that purpose was subordinated to the first and larger duty of advocating the good of the whole profession. It was a matter of thankfulness and of satisfaction that they could now meet together in harmony and with a desire

for the common good. The past ten years had shaken them into one corporate institution, all the members of which were endeavouring, to the best of their judgment, to discharge harmoniously and unitedly the duties they had undertaken.

Dr. AQUILLA SMITH seconded the motion, which was agreed to.

The Council then proceeded to consider the clauses of the Bill. The first clause that gave rise to any discussion was Clause 3:—"After the date fixed for the commencement of examinations by the first medical examining board appointed under this Act, no person who is not at that date qualified to be registered under the principal Act shall be registered under that Act unless he has, after examination by a medical examining board appointed under this Act, obtained a licence to practise in medicine and surgery under this Act."

Mr. C. HAWKINS said that the clause involved a point of vital importance to all the corporations represented on the Council. It introduced a most serious change into the constitution of the medical profession. Hitherto the qualification to be registered consisted of a degree or diploma from one of the bodies mentioned in Schedule A of the Medical Act of 1858. By a resolution of the Council in February last it was agreed that that should be continued, but with the addition of a certificate of having passed the examination of a new body created under the new Act. The present clause was in direct opposition to that resolution of the Council, for under it a licence was to be given after examination of one of the three new bodies, without any reference to the universities and corporations. Thus the licensing power was taken away from every university and corporation, and the practitioner need not belong to any one of those bodies. He would suggest that all reference to granting a licence to practise should be omitted from the clause, and that it should read as follows:—"After the date fixed for the commencement of examinations by the first medical examining board appointed under this Act, no person who is not at that date qualified to be registered under the principal Act shall be registered under that Act, unless he has, after examination by a medical examining board appointed under this Act, obtained a certificate of competency to practise in medicine and surgery."

Dr. APJOHN said the proposal of Mr. Hawkins was in accordance with an amendment that he (Dr. Apjohn) moved at the last meeting of the Council, but which was rejected. The amendment declared that no one should be admitted to the central examination without possessing a licence from one of the corporate bodies.

Dr. FLEMING said the object of the Bill was evidently to prevent confusion by the licensing bodies giving the title of "licentiate" to the holders of their diplomas. It was intended that the title bestowed by those bodies should be "associate" or "member."

Dr. BENNETT said it was no doubt the intention of the Government to do away with any equivocal use of the term "licentiate," and to abolish the use of it by any of the existing constituted authorities. The question was one of the highest importance, and he thought it ought to be taken into consideration at once.

Dr. CHRISTISON said that all questions connected with the present proceedings were immeasurably inferior to that now before the Council. He was not present at the last meeting of the Council, but he recognised the fitness of the resolution that was then passed. That resolution met the wishes of the Government, and in consideration of that he thought it would have been well if some little delay had taken place, so that the Council might have the opportunity of showing how, under the resolution, all that was desired by the Government and by the profession would be carried through. The great object desired was a more satisfactory proof that the candidates who were admitted to practise really possessed an adequate knowledge of their profession in all its branches. That could easily be accomplished by a conjoint board, which should not encroach upon the privilege of the corporations or universities, but, on the contrary, promote their interests. The Bill was of a very different nature from what they had expected, and it was attended with greater danger to the existing licensing bodies; but he thought the Council could easily show to the Government that means could be devised whereby all that was desired might be accomplished with safety to them all. He regretted that the opinion of the Council had not been taken by the Government on some of the details of the Bill before it was drawn up.

Mr. HARGRAVE thought a mere substitution of "certificate of competency" for "licence to practise" would be a very mean and bald way of meeting the proposal. It would be reducing the title and the board itself to the very lowest point. The body he represented was very anxious to retain the title of "licentiate."

Dr. ALEX. WOOD said it was clear that the Bill was not at all what they were led to expect, or in accordance with the resolution passed, after long discussion, at the last meeting of the Council. The effect of the Bill was completely to disfranchise the existing bodies in Schedule A; and the only thing held out to them was that there should be in the Medical Register a column in which what were called higher qualifications might be registered. It was considered that gentlemen would not like to see that column blank after their names; and upon that feeling the maintenance and existence of the Colleges would entirely depend. (Hear, hear.) It might be a proper thing to do, but let them not be called upon to perform the "happy despatch" upon themselves without knowing what they were doing. The Bill proposed to sweep away powers conferred by Royal charters upon various bodies, many of them of ancient date, and to organise a new body altogether to give a licence to practise. If the proposal were accepted, it might be but the thin end of the wedge, and next year a Bill might be introduced to do away with the third column of the Register. The Council ought calmly and seriously to consider whether the advantages held out by the Bill were worth the destruction of the time-honoured medical corporations. It had been argued that they might safely be abolished. No doubt they were not perfect; but he maintained that it would be a serious loss if the profession were deprived of the surveillance and the *esprit de corps* which were associated with the existing licensing bodies. (Hear, hear.)

Dr. PARKES suggested that it would greatly facilitate matters if they could ascertain from the Government whether such a modification of the Bill would be assented to as would compel everyone examined by the central board to join one of the bodies before registration.

Dr. ANDREW WOOD thought that the Council should come to an independent decision upon the subject. He thought the Council, if consulted at all, ought to have had a draft of the Bill submitted to it. It would not be dignified now to go to the Government; the most honest and proper course would be to declare their own views, and let the Government adopt them if it chose. Was it necessary, in order to carry out the main features of medical reform which they all desired, to degrade or cripple the great medical and surgical institutions of the country? If those institutions were to collapse, what guarantee was there that the medical education of the future would be as efficient as it had been in the past, through the agency of those bodies? (Hear.) A scheme had been lately devised in Scotland, one feature of which was that any person entering the medical profession must in the first instance pass all the examinations necessary to qualify him for the practice of medicine, surgery, and midwifery by a conjoint board, to be constituted for the purpose in each division of the kingdom. The next was that any person who has passed these examinations, before he can be placed on the Medical Register, must become associated with one of the universities comprised in Schedule A of the Medical Act of 1858, as a graduate, or with one of the corporations comprised in the same schedule as a member, licentiate, or fellow. (Hear, hear.) It was also proposed to have a uniform fee in each division of the kingdom. He did not think it necessary that there should be another examination for the minor degrees obtainable at the Colleges after the State board examination.

Dr. A. THOMSON, while expressing his general approval of the Bill, said he believed it was generally understood at the Council that the rights of the corporations were to be maintained. Mr. Hawkins's proposal would bring the clause into harmony with the resolution passed by the Council. He should be glad to know what were the circumstances that had so far modified the views of the Government. The Council had good reason for believing that its wishes would be attended to; and perhaps the President could explain the change that had taken place.

Dr. BENNETT said the circumstances referred to by Dr. Thomson could only be known to the Government itself. No undertaking was ever given as to meeting the views of the Medical Council, and the proposed Bill was solely the embodiment of the opinions of the Government. He might mention that the College of Physicians had passed several resolutions in regard to the Bill, one of which was a protest against a licence being given by the central board irrespective of enrolment in some of the recognised medical bodies. The question was one of vital importance, and he did not think it would be of much use to go into the other details of the Bill until it was settled. He did not know how the views of the Government could be ascertained, but he thought the Council should at once come to a definite decision on the subject. If it was asked, "Why should men trouble themselves about the colleges if they succeed in passing the examination of a competent tribunal?" one reply to the question would be that unless the licentiates were in connexion with one or other of the existing authorities there would be no longer any general control over their conduct, the character of the profession would be likely to be seriously damaged, and the welfare of the public jeopardised without some such supervision. (Hear, hear.)

Dr. A. SMITH said that the body which he represented had petitioned the House of Lords on the subject, objecting to the granting of licences without reference to the universities and corporate bodies.

Dr. APJOHN said that similar views were entertained by the body represented by him, and that it also adhered to its opinion in favour of a single licensing board instead of three. He thought the licence of the central board ought not to be given till after the examinations of the colleges, and at the last meeting of the Council he had moved, but unsuccessfully, an amendment to that effect.

Dr. STOKES said that one advantage of Dr. Apjohn's suggestion would be that it would act as a stimulus to the educational bodies, changing the competition downwards, of which complaints had been made, into a competition upwards. (Hear, hear.)

Dr. PARKES repeated his suggestion that the Government should be appealed to in the matter, in order to ascertain whether it would consent to modify the Bill in the direction indicated.

The PRESIDENT said it would be better first to take a vote upon the motion of Mr. Hawkins, and if it were adopted, the Government could then be appealed to on the subject.

Dr. QUAIN said that the Government proposal had the merit of great simplicity. The great objection urged to it was that the colleges would be injured, but they were left as they were at present, and could examine their students as before. He did not think it desirable to send a deputation to the Government at present, the probability being that other points would arise in the course of the sittings of the Council as to which it might be necessary to communicate with the Government.

Dr. MACROBIN said that the great objection to the Bill was that it tended to lower the medical education of the country. It might be said that the main ground of objection on the part of the colleges was a pecuniary one; that, however, was not the case. No doubt the funds of the existing bodies would suffer, and Government must make them up in some way or other. (Laughter.)

Mr. COOPER said the Bill would inflict a great injustice upon the body he represented. That body had never licensed a man to practise who was incompetent, and he therefore could not see the necessity of superseding it by a Governmental body. At one time the fees received were greatly diminished, but that was caused by the strictness of the examinations, by which upwards of one half of the candidates were rejected.

Dr. HUMPHRY said on this question the Medical Council must come to a decision one way or the other. A very important principle was involved, and they must make up their minds with regard to it. Government had evidently formed its opinion upon it, and if the Council could not accept their proposal there would clearly be an end to the whole question for the present session. The view which the Government took was that there should be one general examination, by which all men should be qualified to practise, and that if a man passed that examination he should, *ipso facto*, be admitted to practice. This view was so clear and definite that he did not think the Government would depart from it. They considered that a man ought not to be compelled to pass any other examination, or to be subject to the laws which any particular corporate body might choose to impose upon him. The difficulty then arose, and must have presented itself to the Government—suppose a person to have passed this one examination, in what way could he be compelled to become a member of a corporate body. Were the corporate bodies to be compelled to admit him to their lowest degree and qualification? Would the corporate bodies assent to that? Would the various universities grant their lowest qualification to such a man, and allow him to become a member of their body? That was the difficult position in which Government found themselves. Were they to admit the man to practice after passing this conjoint board, or should they compel some corporate bodies to grant him a licence? and, if so, what bodies? He did not see how the Government could get over the difficulty in any other way than that proposed in the Bill. In order to harmonise their views with those of the coporate bodies, and to maintain the corporate bodies, the Government wished to offer all inducements to men to belong to corporate bodies. The difference, therefore, between the opinions of the Medical Council, as hitherto expressed, and the proposal of the Government, was that the Council felt that a man should be compelled to belong to a corporate body, while the plan of the Government was to offer a strong inducement to secure the same object. The Bill left it open to the corporate bodies to draw the men within their control. Yet there was a certain measure of compulsion combined with the Government plan of inducement, so that really and practically almost all would belong to corporate bodies, as all bodies which received funds from the examinations would have to admit the men to their membership. What the Council had now to consider was whether that plan of inducement combined with a certain amount of compulsion would be sufficient. If they disagreed with the plan, as he thought they would, the effect in all probability would be the rejection of the Bill entirely for the present session.

Dr. CHRISTISON apprehended that the views of the Council would, to a great extent, depend upon the point to which the examinations by the board would be conducted. If they were limited to that which would satisfy the country, so much apprehension would not be felt about the result of the Bill; but if, on the other hand, the Government insisted that all the examinations, *ab initio usque ad finem*, should be conducted by the board, and that the licences to practise and registration should be in the hands of the board, then the corporations and universities would find themselves in a predicament. What was required was that the examination of the conjoint board should be a proof that the gentlemen who passed it possessed sufficient knowledge to practise in medicine, surgery, and midwifery. If Government would be satisfied with such a limit there would be no objection to the Bill. Then, too, the financial bearing of the Bill was important to the Government. If a board was appointed to examine *in omnibus*, it would necessarily be very expensive; but if it was confined to that which seemed sufficient for all purposes, the expenses would be very small. He was persuaded that the Government had never thoroughly looked into the financial question, for if they had they would have discovered to their surprise that the returns of the board would go a very small way indeed to recompense the universities and corporations for what they would lose. He had made a calculation which showed that the fees which might be expected to be received by the new board would amount to very little more than one-half of that which the universities and corportions at present drew, although that was by no means a large sum. Thus, if they attempted to remunerate the corporations and universities, they would find themselves without funds to do it.

Dr. STORRAR thought the Government must have had some very sound reasons for drawing up the Bill in its present form, and therefore, as the motion was opposed to the Bill, he could not vote for it. If, however, that motion was carried and adopted by the Lord President of the Council he should most cordially support it.

In reply to a question by Dr. THOMSON,

Mr. HAWKINS said no member of a university or corporate body would be allowed to be registered unless he possessed the certificate of competency; while, if the motion

was agreed to, no one could be registered unless he had a licence from one of the licensing bodies mentioned in Schedule A of the Act of 1858.

Dr. PARKES moved an amendment, to the effect that a committee of eight members should be appointed to confer to-morrow morning with the Lord President of the Council or his advisers on the subject. It was a safer course to ascertain the reasons of the Government for doing as they had done before coming to a decision. If the Government stated positively that this was a matter on which they could in no wise give way, then the best course would be not to reject the Bill altogether, but to accept its principle, and then see how best the interests of the various corporations and universities could be protected.

Dr. ALEXANDER WOOD objected to the amendment being put, as not raising a fair issue. The Council had before them a resolution to the effect that it was not desirable to create a new licence in medicine and surgery, and the proper issue to raise was that it was desirable to do so. Dr. Parkes's proposition would, however, lead them off to negotiations as to what the reasons of the Government were for inserting particular clauses in the Bill. He regarded the Medical Council as better informed with regard to the wants of the medical profession than any Government ever could be. To agree to the amendment would be the first step to placing their backs under the heel of the Government.

Dr. CHRISTISON seconded the amendment. It simply advised the Council to pause before coming to a definite resolution contrary to the Government Bill.

Mr. HAWKINS considered it would be almost wrong to ask Lord de Grey to meet a deputation under the present circumstances. If the third clause were set aside the fourth must be also. If they proceeded with the clauses, however, they would at the end put their reasons and suggestions together and submit them to the Government.

The PRESIDENT stated that it was most improbable that an interview with Lord de Grey would take place to-morrow.

Dr. PARKES said then it might be with those who were competent to speak in his name.

Dr. ANDREW WOOD thought it would be undignified for the Council to go to any one but the Lord President, even if that were the proper time for a deputation, which he doubted.

Dr. QUAIN stated that the College of Physicians intended to seek an opportunity of representing their views on the subject to the Government.

After some further discussion the amendment was withdrawn.

Dr. AQUILLA SMITH proposed, as an amendment, that the clause should read, "After the date fixed for the commencement of examinations by the first medical examining board appointed under this Act, no person who is not at that date qualified to be registered under the principal Act shall be registered under that Act, unless after examination and approval in medicine and surgery by an examining board appointed by this Act." This would not commit the Council to anything except that an examining board or boards ought to be appointed.

The amendment was seconded by Dr. APJOHN; but on a division being taken it was negatived, and Mr. Hawkins's resolution was agreed to.

On Clause 4: "For the purpose of conducting the said examinations and granting the said licences, there shall be established in each part of the United Kingdom—that is to say, England, Scotland, and Ireland respectively—a medical examining board, by means of a scheme confirmed by the Privy Council in manner provided by this Act."

Mr. HAWKINS moved that instead of the word "licences" the words "certificate of competency" should be substituted.

Mr. COOPER seconded the motion.

Sir D. CORRIGAN moved as an amendment that the words "and granting the said licences" should be omitted. This would leave it open as to what body the certificate should come from. All such certificates should bear a common stamp; there ought to be a different stamp for each of the three divisions, such as Mr. Hawkins's motion would bind them to.

The amendment was negatived, and the resolution was agreed to.

On the motion of Dr. ANDREW WOOD, seconded by Dr. FLEMING, the consideration of clauses 5, 6, and 7 was postponed till to-morrow.

Clause 8: "A scheme for amending any previous scheme in force under this Act in any part of the United Kingdom may, from time to time, be submitted by the medical authorities of that part of the United Kingdom to the General Medical Council, and whether so submitted or not, may be proposed by the General Medical Council to the Privy Council, and may be confirmed by the Privy Council, and the provisions of this Act respecting the notice of, and objections and representations respecting, and the confirmation and effect of an original scheme, shall apply in the case of an amending scheme."

On the motion of Dr. HUMPHRY, after the words "may be proposed," the words "to the Privy Council by the General Medical Council, notice having been given to the medical authorities," were inserted.

Adjourned till to-morrow, at 1 o'clock.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE quarterly meeting of the Poor-law Medical Officers' Association was held at the Freemasons' Tavern on Wednesday evening, Dr. Rogers in the chair. The Honorary Secretaries, Drs. Dudfield and Welch, were present, and there was a good attendance of members. Mr. Corrance, M.P., and several guardians also took part in the proceedings.

The Report of the Council was read. It stated that great exertions had been made in favour of the Superannuation Bill, nearly 250 petitions having been received for presentation when the Bill comes to be read a second time, on the 22nd June. The Council expressed gratification at the mode in which dispensaries are being introduced in Bethnal-green, and also at the frank and out-spoken declaration of Mr. Goschen in support of the principle of permanence of medical appointments in all cases. The annual meeting of the Association will be held on Wednesday, the 13th of July.

Dr. ROGERS moved the adoption of the report, and after deploring the absence of any allusion to Poor-law Reform in the Queen's speech, congratulated the Association on the further establishment of dispensaries in the metropolis, which he attributed largely to the initiative taken by Dr. Brydges, of the Poor-law Board. Dr. Rogers then explained that the increase in the salaries of the Poor-law medical officers within the last ten years was not commensurate with the increase either of population or of pauperism, and was more than swallowed up by the extra consumption of drugs; the medical officers being, in fact, worse off now than they were when it was stated by Mr. Sotheron Estcourt that "medical relief required to be put on a better footing." Dr. Rogers explained the peculiar hardships in the case of the country parish doctor, who has to attend all the poor, because there are no hospitals or charitable dispensaries to take charge of them, and who has to keep a horse, and find all drugs and appliances, for a stipend not sufficient, in many cases, to pay either for the horse or the medicine. Dr. Rogers then analysed the return of the mortality of the three kingdoms, which, he said, was 1 in 43 of the population of England, 1 in 44 in Scotland, and only 1 in 60 in Ireland. In England 1 in 190 of the population die annually from zymotic diseases, 1 in 194 in Scotland, and 1 in 308 in Ireland. The rate of mortality from small-pox, measles, scarlet fever, and fever is nearly the same in England and Scotland, but is in each case considerably less in Ireland; and Dr. Rogers contended that these interesting results are due to the efficiency of the medical and sanitary arrangements carried out under the dispensary system. He drew attention to the fact that whilst pauperism costs 6s. 11¼d. per head of the population in England, and 5s. 7¼d. in Scotland, it costs only 2s. 11¼d. per head in Ireland. After making all possible corrections, there remains, said Dr. Rogers, enough to prove his argument that much of this excessive mortality might have been prevented if Parliament had paid as much attention to the preservation of the health of the poor, as they have at all times given to that of their cattle. In conclusion Dr. Rogers alluded to the necessity of sup-

porting Mr. Brady's Superannuation Bill, and stated that he had 240 separate petitions in its favour, which would be presented to the House of Commons at the proper time.

The report was seconded by Dr. RICHARDS.

It was then moved by Dr. ANGUS MCMILLAN, of Hull, "That this meeting cordially approves Mr. Brady's Medical Officers' Superannuation Bill, and requests the Council to memorialise the President of the Poor-law Board in support of the measure."

This was seconded by Dr. DIXON, of Rotherhithe, and carried.

Mr. BENSON BAKER then moved, "That this meeting has observed with satisfaction the steps taken to establish Poor-law dispensaries in the metropolis; and, while regretting the slow progress hitherto made, earnestly hopes that the system may be speedily introduced, not only in all parts of London, but also in all large towns and other suitable localities."

This was seconded by Mr. FRASER, a guardian of the Westminster Union, and also carried.

Dr. STALLARD moved, and Mr. CORBANCE, M.P., seconded, a vote of thanks to the Council for their services during the past quarter.

Mr. CORBANCE stated that he took peculiar interest in this Association, because it was the only one which had definite practical views on the reformation of the Poor Law. The repressing system of starving people out of pauperism had starved them into it; but amidst all the conflicting opinions, none were so reasonable as those of this Association. Statisticians admitted that, as regards friendly societies, the amount of sickness and mortality was greatly reduced by the provision of prompt and efficient medical attendance, and a great premium is consequently required when no such attendance is provided for. The Poor Law might be regarded, fundamentally, as a species of assurance against particular contingencies amongst a certain class. And as in friendly societies, so in the Poor Law, it was essential to provide prompt and efficient means both of preventing and treating disease. Notwithstanding all the reservations which were necessary, he thought the fact established that the Irish system had been the means of diminishing pauperism, disease, and death. One great argument in favour of the Irish system was, that it appeared to satisfy all parties, for he believed that the dissatisfaction of the English Poor-law medical officers was, in itself, a strong evidence against the English practice. He should be glad at all times to render the Association all the aid he could.

The motion was passed by acclamation.

TYPHUS AT WHITEHAVEN.

IN the Report of the Registrar-General for the December quarter of 1869, it was stated of Whitehaven that the births during the quarter had been 110, and the deaths 124. Scarlet fever had caused 9 of the deaths, and other forms of fever 31. The excessive mortality in the town, and the very large proportion of deaths from fever, attracted the attention of the Medical Department of the Privy Council, and the local authority of Whitehaven was called upon for an explanation of the circumstances which had given rise to the large preponderance of deaths over births, and the local prevalence of fever, as indicated by the mortality from that disease. It is to be assumed that the explanation given was not satisfactory, for Dr. Buchanan was directed to make an inquiry into the nature of the fever prevailing in Whitehaven, and generally into the sanitary state of the town. This investigation was carried out in the course of the past week, and it has brought to light the fact that typhus has been epidemic in Whitehaven during the past four months; from 360 to 370 cases having occurred within that period, of which one in every six is said to have ended fatally. This outbreak, as would be surmised, is connected with much overcrowding of population, and with exceedingly defective sanitary arrangements. It is reported that of 4538 inhabited houses in the town, 2500 have no drainage at all.

Much money has been spent in Whitehaven recently in providing a system of drainage for the town, but the works have not yet overtaken the needs of the crowded districts; indeed, they still lag far behind those needs. The overcrowding of the poorer districts of the town is an old story, and typhus is no new visitant. Judging from the accounts which have reached us, there are many localities in Whitehaven as wretched in arrangements, defective in sanitary provision, and as greatly overcrowded as when Mr. Rawlinson inspected the town for the General Board of Health in 1849.

Dr. Buchanan's visit was well-timed, as it enabled him to prevent the assembling of the Cumberland Militia in Whitehaven, for their annual training. The men, as there are no barracks, would have been billeted in the different localities most infected with typhus. Dr. Buchanan telegraphed to the Privy Council, indicating the danger to which the militia would be subjected if it were permitted to assemble, and measures were immediately taken, through the proper authorities, to countermand the order for the muster of the regiment.

OUT-PATIENT HOSPITAL ADMINISTRATION.

ON Monday evening a meeting of the Committee appointed by the public meeting of the various hospital staffs was held at the Hospital for Women, Soho-square, Mr. T. Holmes in the chair. There was a good attendance of members, and the names of Drs. Hawksley and Montague Thomas, and of Messrs. Rivington and Hill, were added to the Committee. After some discussion, it was resolved to appoint four sub-committees to make special investigations, and to report on the out-patient department of (1) the General Hospitals, (2) the Special Hospitals, (3) the Dispensaries, including provident dispensaries, and (4) the Poor-law; each committee to consist of five members, two having connexion with the class of institutions into which inquiries will be made.

The following gentlemen were then nominated:—1. On General Hospitals: Dr. Anstie, Dr. Meadows, Mr. C. Heath, Mr. Gant, and Mr. Teevan. 2. On Special Hospitals: Dr. Clapton, Dr. Morell Mackenzie, Dr. Pollock, Mr. Rivington, and Mr. J. D. Hill. 3. On Dispensaries: Dr. Stewart, Dr. Buzzard, Dr. Murray, Mr. Curgenven, and Mr. Ebsworth. 4. On Poor-law: Dr. Hawksley, Dr. Dudfield, Mr. Spencer Wells, Mr. T. Holmes, and Dr. M. Thomas. Dr. Stallard undertook to act as secretary to the sub-committees on General Hospitals and Poor-law; and Dr. Heywood Smith to the others.

The sub-committees were authorised to fill up any vacancies which might arise, and were requested to report progress on the 19th of July.

The Secretaries will be happy to receive the names of any gentlemen who would desire to express their opinions, or afford any information, to the above sub-committees, which will assemble not less frequently than once a fortnight.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A GENERAL MEETING of those members of the Medico-Psychological Association who reside in Scotland and the north of England was held on Wednesday last, in the Hall of the Faculty of Physicians and Surgeons of Glasgow. Professor Laycock occupied the chair. The preliminary business having been disposed of, Dr. Clouston read a report from the Therapeutical Committee as to the effect of narcotics in mental disease. After a lengthened discussion it was resolved to circulate the report among the Scotch members, for the purpose of securing their co-operation in the committee's researches. Interesting papers were subsequently read—one by Dr. Howden on "The Testamentary Capacity of the Insane." Dr. Howden, who had derived much assistance from Professor Gairdner in forming his conclusions, considered that testamentary capacity was purely a legal question, and that the medical man could be required to pronounce only upon the question of lucid interval. In such a condition an insane person might make a will, especially if it could be shown to be consistent with his wishes when in his right mind—a

position which was supported by Dr. Laycock. The subject of the next paper was the "Boarding of the Insane in Licensed Private Houses," by Dr. Alexander Robertson. The majority of the participants in the discussion which followed declared themselves in favour of the system, if conducted under the direct supervision of medical men. The next paper was Dr. Clouston's on "Two cases of Rheumatic Insanity," which closed the proceedings. In the evening the members of the Association dined together at the George Hotel.

THE IRISH BRANCH COUNCIL.

THE following resolution, which no doubt led to the sudden summoning of the General Medical Council, was passed by the Irish Branch Medical Council on the 15th inst.:—

"That this Branch Council is of opinion that it is most desirable that the General Medical Council, as expressed in the resolution of February 28th, 1870, should, at full meeting, consider the provisions of the Medical Act Amendment Bill, before it passes into committee in either House of Parliament. That this Council does not see that any good result would follow, but, on the contrary, that much detriment might arise, from adopting any other course."

Correspondence.

"Audi alteram partem."

ELECTION OF COUNCIL AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—As you have done me the honour of stating that you would "like to have some distinct statement" from me as to my "opinions on College politics," before the election of members of Council at the College of Surgeons next July, I gladly accept the opportunity of making known the general principles by which I shall be guided if the honourable distinction of a seat at the Council should be conferred upon me by the votes of the Fellows.

You say, very truly, that I have "for the last few years dropped out of the medico-political world." But during the seven years when, as editor of a weekly journal, it was part of my duty to discuss medico-political questions, I endeavoured to impress upon the profession a conviction of the necessity of progressive changes in the constitution of the College of Surgeons, and in the administration of its affairs.

1. I argued, year after year, that the re-election of retiring members of Council, as a matter of course, was extremely injurious to the College and to British surgery, and that re-election should only be a rare and exceptional reward of conspicuous merit. And when the example of breaking through the old routine was set in 1861, I did all that I could to assist in returning Sir Wm. Fergusson.

2. I steadily endeavoured to open the Council to Fellows who practise in the country. I supported Mr. Turner and Mr. Paget, and I was partly influenced in delaying my own candidature when Mr. Humphry came forward, although he was my junior on the list of Fellows.

3. I have repeatedly expressed my opinion that the charter of the College gives too much power to the Council, and leaves too little to the Fellows. I do not see how this evil can be corrected without a new charter; and I would gladly assist in obtaining such a revision of the charter as would place the government of the College absolutely in the hands of the whole body of the Fellows, providing for quarterly or periodical meetings of the Fellows, when the proceedings of the Council should be made known, and either confirmed, modified, or rejected after a full opportunity for free discussion.

I have no fear that if such meetings were open to the whole College, Fellows and Members, any unwise interference in the administration of the College affairs would ensue. On the contrary, they would probably lead to a much closer attachment of all surgeons to their College, to a more direct interest in its welfare, and to a better and more general knowledge of its laws and government.

4. Year after year I become more and more strongly convinced that the Court of Examiners should consist of Fellows who are not members of the Council, that they should be subject to annual or triennial re-election, and should be remunerated by annual salary, and not according to the number of students examined.

5. The representative of the College in the General Medical Council should be elected by the whole College, not by the Council only. It would probably be a good plan to submit a recommendation by the Council to one of the periodical meetings of Fellows.

6. Pending the consideration of the provisions of a new charter, the proceedings of the Council should be fully made known to the Fellows.

7. In such cases as voting for members of Council, or members of the Court of Examiners, or on any question where a very definite resolution could be submitted to consideration, I think Fellows residing beyond the metropolitan postal district, who desire it, might be allowed to vote by proxy papers. But a more general establishment of vote by proxy would probably be injurious, by encouraging electioneering tactics, and by discouraging open discussion at the meetings of the Fellows.

And now, Sir, I must ask your permission to add a few words as to my own standing in the College. I am, as you say, "senior to all the Fellows by examination," having been elected an Honorary Fellow in 1844. But I cannot admit that I became a Fellow without examination by "a piece of luck." When the Fellowship was created by the new charter, the heads of the Army and Navy Medical Departments were requested to send in lists of medical officers thought to be deserving of the honour of the Fellowship. I was then an assistant-surgeon in the Navy, and I believe I was the only assistant-surgeon whose name was sent in by Sir William Burnett. Mr. Bransby Cooper told me afterwards that Sir William was asked why he had sent in the name of an assistant-surgeon of only three years' standing, and his answer satisfied the ruling powers of the College that I had worked hard and deserved the distinction. I am far from insisting on any right of mere seniority. Mr. Holden, Mr. Erichsen, and Mr. Humphry were all junior Fellows to me; yet I did not come forward as I should have done if I had maintained any such supposed right. I maintain, on the contrary, that the freest possible choice should be accorded to the Fellows, and that any Fellow in actual practice should be eligible for election to the Council. But it is manifestly unjust to ignore seniority altogether, and still more so for the Fellows by examination to oppose me or any other Honorary Fellow because we are not also Fellows by examination; the fact being—as you have pointed out—that, having been elected before the examination was instituted, it was quite impossible to present oneself for examination.

In conclusion, Sir, allow me, through your columns, to assure the Fellows that not one of them will be canvassed by me, or by any of my friends, or asked personally or by letter to support me. I am compelled, by the very objectionable mode of election prescribed by the laws, to obtain the signatures of six Fellows, certifying that I am a fit and proper person to obtain a seat at the Council, and of three other Fellows that I do not practise as an apothecary. This I shall do, and I shall endeavour to inform the Fellows what measures they may assist in carrying by supporting me. I may add, without impropriety, that I regard election by his brother Fellows, as their representative, as a distinction of which any man ought to be proud; but that will be the beginning and the end of any "canvassing" on my behalf.

I have the honour to be, Sir, your humble servant,

Upper Grosvenor-street, April 20th, 1870. T. SPENCER WELLS.

To the Editor of THE LANCET.

SIR,—Permit me to correct an error into which you have fallen (no doubt through inadvertence). In your last number you stated that I had *retired* from the contest at the election to the Council of the College of Surgeons, which took place on the 1st of July. I did no such thing;

I never retired from the contest (if such it can be called), but I was in a large minority at the close of the poll. I could not attend on the day of election in consequence of an attack of retention of urine, the result of the impaction of a calculus in the urethra, of which I was not relieved until 7 P.M.

Advantage was taken of my absence by some persons who were busy in obtaining all the votes they could in support of their respective friends, and I was thus, as I was credibly informed, deprived of a considerable share of support which I might have calculated on. The report of which I now complain was that I cared not to be re-elected to the Council of the College, and that I was altogether indifferent as to private practice. To say the least of this report it is my duty to myself to say that it was a cruel untruth.

Apologising for thus intruding my personal affairs on the notice of your readers,

I remain, Sir, your obedient servant,

Finsbury-circus, April 22nd, 1870. JOHN ADAMS, F.R.C.S.

THE BOUGIE OLIVAIRE.

To the Editor of THE LANCET.

SIR,—Had Mr. Teevan been even tolerably well acquainted with the history of the "bougie olivaire," he would have avoided the errors in his last week's statement on the subject. The French name he adopts there is, moreover, quite unnecessary here, since the instrument has long been naturalised in this country under the term "bulbous-ended bougie," and is now manufactured here even more perfectly than in France.

So far from his having "introduced it into hospital practice" five years ago, it was employed by Sir H. Thompson in University College Hospital, certainly, to my knowledge, eight or nine years ago, when I was his dresser there. And it is notoriously due to Sir Henry Thompson's advocacy of it for many years, both there and in his clinical lectures, since published in THE LANCET (where the instrument is engraved), that its employment has already become so extended as it is in this country.

Further, although Mr. Teevan has asserted that no history "of the bougie à boule, or of the bougie olivaire, has appeared in THE LANCET," the latter was also described by Mr. Acton, and engraved in your valuable journal, so long ago as January 12th, 1856.

As to the bulbous-ended sound with slender stems, for the diagnosis of stricture, a strong opinion as to the value of these instruments, and the mode of using them, with drawings of them, both curved and straight, appeared in the first edition of Sir H. Thompson's work on Stricture (the Jacksonian prize essay for 1852), published in 1854. See pages 171, 181, and 273.

These are facts which, I think, ought not to have been omitted by one who volunteers to write a history or description of the instrument in question, on the alleged ground that none has yet appeared.

I am, Sir, your obedient servant,

Welbeck-street, April 18th, 1870. JOHN FOSTER.

HYSTERIA.

To the Editor of THE LANCET.

SIR,—Your remarks upon my inquiry into the real nature of hysteria, which is being published in the *British and Foreign Medico-Chirurgical Review*, make me fear that I have not expressed myself clearly, because my meaning has in some respects been entirely misunderstood.

So far from seeking to identify the effects of physical and moral shock with symptoms appertaining to the diseases of women, my object is to show the absurdity of including these two different things in one category, and to protest against the lax and wholly incorrect use of the term "hysteria," as not only wrong but mischievous.

With all due deference to Hippocrates, and the subsequent support of his opinion by Dr. Addison and others, I venture confidently to assert that hysteria, or rather the condition of ill-health which goes by that name, has no existence as a disease proceeding from, and caused by, uterine irritation, although it certainly may exist in conjunction with that disturbing cause. In point of fact, hysteria, or rather the interpretation usually put upon it, is very different from the state which it is presumed to describe, and represents rather an objectionable phase of the medical mind than the actual condition of the patient. The hysterical phase or hypothesis regards a woman who complains under certain circumstances as a person who is fanciful, wilful, and obstinate, indulging in a disposition to exaggerate painful sensations, a morbid craving for sympathy, &c.; and, instead of proceeding to relieve her complaints (for how can it relieve what it does not believe to exist?) forthwith proceeds to sit in judgment on her and punish her. This is not the practice of medicine! I maintain that the condition of the patient should be divested of these fictitious attributes, and treated *per se*, without bias or prejudice. It is these gratuitous assumptions which constitute the real difficulty, by showing the patient through a false medium.

Loss of moral as well as physical power, accompanied by susceptibility to pain and irritation, *constitute the disease* which we are called upon to treat. Nothing can be more simple. Add physical and moral irritation to the loss of physical and moral power, and you produce the disease. Remove physical and moral irritation, and improve physical and moral strength, and you cure the disease. In proportion as these indications are fulfilled, the patient will recover; in proportion as they are neglected, or not observed, will the case, *not the patient*, remain obstinate. It is not maudlin pity that is wanted, but justice and common sense. A more correct diagnosis and reasonable treatment will make the lamentable cases of mismanagement, which bring discredit on the profession, a matter of impossibility.

I am, Sir, your obedient servant,

D. DE BERDT HOVELL.

Fire Houses, Clapton, Middlesex, April 25th, 1870.

REFORM OF OUT-PATIENT ADMINISTRATION.

To the Editor of THE LANCET.

SIR,—I have read with much interest your report of the meeting on Out-patient Administration Reform; and I cannot but feel that, as I took an active part in constructing, and for several years in conducting, at Coventry, the first successful provident dispensary, I ought not to withhold from my professional brethren the result of my long observation and experience of these institutions, especially as they appear to have been regarded by many of the speakers at the late meeting as the most effectual means of obviating "the evils inseparable from the system of gratuitous out-door medical relief."

That they would have this effect, if properly constituted and extensively established, I have not the least doubt. In considering any system of medical charities for the poor, it should always be borne in mind that actual paupers, including all persons incapable of supplying their own material wants, are provided with medical attendance under Poor-law organisation. The object, therefore, of voluntary medical charities should obviously be to supply such attendance to the large class of poor between the pauper and those capable of individually paying for medical advice in the ordinary way. Unfortunately, eleemosynary hospitals and dispensaries do more than this. It is notorious that they extend their benefits to a great number of persons quite above the need of any charitable assistance. The injustice and injury to the profession in this way are very great; but the injury is small in comparison with that inflicted upon a great number of ill-requited members of the profession by the medical relief thus gratuitously given to a great mass of industrious working men, who are quite capable, by association and co-operation, of raising adequate means of remunerating their medical advisers.

My acquaintance with provident dispensaries enables me confidently to state that they more than obviate both these evils. If rightly constituted, they prevent the abuse of admitting ineligible persons to their benefits, by obliging candidates for admission to make their application to a committee of the governors and medical officers, during

health, when there is time to ascertain their position and circumstances; and should any person, after admission, be found capable of paying ordinary medical charges, they are, by a rule of such institutions, subject to immediate dismissal. Whilst an effectual check is thus afforded to imposition on medical charity, efficient medical attendance is placed by these institutions within the reach of all the poorer classes above the position of the pauper. It is found, too, that the small periodical payments of the patients are sufficient to defray the cost of their supply of medicine, and, by the surplus over this cost, to leave a fair sum to be divided amongst the medical men who attend them. At Coventry, the medical officers generally receive about £150 a year each. At Northampton, I believe, the amount annually paid to the several medical attendants is from £300 to £600. At Derby, Burton-on-Trent, Leicester, and for the out-patient department of the Albert Hospital, at Devonport, this plan is also successful.

It must be obvious to anyone who inquires into, and reflects on, this system of supplying medical aid to the poor that it has many advantages over the existing modes of dispensing public and private medical charity. It is a mistake to suppose that, whilst contending against the extension of charities to the more affluent, it excludes by "a hard and fast line" the very indigent from its aid; for there is in these institutions always a rule to enable any poor person, labouring under disease, to obtain medical relief—only, in doing so, endeavouring to prevent his becoming a confirmed recipient of charity.

I feel assured, too, that by our liberal profession a system which tends to raise the character of the poor will not be lightly esteemed, and that they will fully appreciate the importance and great good of raising amongst the industrial classes a spirit of self-reliance and mutual help, especially in teaching them to co-operate amongst themselves, with forethought and providence against times of sickness and ill-health, which are always to them times of such severe adversity.—I am, Sir, yours faithfully,

Torquay, April 9, 1870. C. B. NANKIVELL, M.D.

P.S.—I would beg to add a caution against any attempt to combine in one institution the provident and gratuitous systems of dispensaries. Such attempts have always failed.

CÆSAREAN SECTION.

To the Editor of THE LANCET.

SIR,—In the last number of your journal a notice is given, under the head of Foreign Gleanings, of a modification in the operation of Cæsarean section, by M. Tarnier, which is described as consisting of uniting the edges of the external wound and that of the uterus by sutures, so as to prevent the flowing of blood into the peritoneal cavity subsequently to the operation.

Would you allow me to state that this plan has already been suggested as far back as March, 1868 (vol. x. of Obstetrical Transactions, London, p. 48) by me, and the reason given; and also that I applied the plan (successfully as far as prevention of effusion was concerned) in a case which occurred early in 1869, and was described before the Obstetrical Society soon after, and will be found in the forthcoming Obstetrical Transactions, vol. xi.

There is a slight difference in M. Tarnier's suggestion—viz., he unites the uterus and parietal wound *before* incising the uterus; I did it *after*. And for this reason, that when the uterus is empty, the relation of parietal and uterine wall wonderfully alters. By M. Tarnier's mode the strain on the sutures would be very severe. However, he is quite correct in ascribing serious results to effusion of the uterine secretions and blood through the gaping wound in the uterine walls.—I am, Sir, your obedient servant,

J. BRAXTON HICKS, M.D., F.R.S.

St. Thomas-street, S.E., April 20th, 1870.

MEDICAL TITLES.

To the Editor of THE LANCET.

SIR,—The College of Physicians have evidently been caught napping. During the time they have taken to decide upon the status of their Licentiates, they might have been better employed, as it is quite a case of love's labour lost. The opinion of Messrs. Roundell Palmer and Denman confirms every sensible person's idea—namely, that a Licentiate of a College of Physicians, if anything, could only be a Physician; and, that being duly admitted, we have now the established Medical University so long wished for; because, according to Mansfield, Denman, and Coke, Physicians are "Doctors of Physic," and if so what can they append to their names but M.D., &c.?

Thus the anxious and vexed question as to whom and what are Licentiates has been finally solved, and that by the very institution so anxious to degrade them.

I am, Sir, your obedient servant,

April 23rd, 1870. M.D. and L.R.C.P.L.

P.S.—Let all Licentiates unite and demand their proper and *legal* standing.

*** The College of Physicians, doubtless, *has* been caught napping, as our correspondent suggests. But so far from rejoicing in the fact, or desiring to encourage Licentiates generally to call themselves Physicians, we protest against the scheme as a mere robbery. As for such persons being allowed to sign themselves M.D., *that* is not merely unjust in itself, but, luckily, it is too absurd to be entertained for a moment. The title of M.D. signifies definitely that its holder has passed through a university curriculum.—ED. L.

THE SPECIAL CONSTABLE AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—As the President of the College of Surgeons did not hesitate to deny publicly the accuracy of my statement that one of the porters of the College had been sworn in a special constable prior to the meeting of the Fellows and Members on the 24th March, I took the trouble to call in Bow-street on Monday last, and ascertained from Mr. Burnaby, the chief clerk, that Mr. Stone came to him three days before the meeting, and stated the wish of the College authorities that a constable should be sworn in, as a disturbance was anticipated. Mr. Burnaby referred the College to Scotland-yard; and I have to-day, in answer to inquiry addressed to the Chief Commissioner, received an official letter, signed by Colonel Henderson, of which the following is a copy:—

"Whitehall-place, April 27th, 1870.

"SIR,—I have to acknowledge the receipt of your letter of the 26th inst., and to acquaint you, in reply, that at the request of the President of the College of Surgeons, the resident porter was sworn in as a special constable on the 23rd March last, to prevent felonies and disorder."

Comment upon the above is unnecessary. I merely request that you will enable the members of the profession to appreciate the facts of the case.

I am, Sir, your obedient servant,

CHRISTOPHER HEATH, F.R.C.S.

Cavendish-place, April 27th, 1870.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE EPIDEMIC OF SMALL-POX IN PARIS: INTERESTING STATISTICAL DETAILS.

THE small-pox epidemic in Paris is now stationary, the number of deaths per week varying from 100 to 120. If we are to trust the statement which has been made in an able article published by Dr. Vacher in *La Gazette Médicale*, and which he has grounded on a series of foregoing facts, the epidemic has not even reached its culminating point, and will scarcely do so before the end of April or the beginning of May.

M. Vacher's article contains many noteworthy statistical facts in regard to the present epidemic, and which I am sure will be of interest to your readers. I shall therefore sum up as briefly as possible, under a few headings, the most striking facts which he has advanced.

First, with regard to the *maximum intensity* of the epidemic, he observes that small-pox does not extend by rapid starts, like cholera. The latter disease, in the space of about a fortnight, attains its greatest extension; whereas variola proceeds by several successive maxima, and in the three preceding epidemics of Paris (1818, 1822, and 1825), the disease began to decrease only after six or seven months. As the present epidemic commenced only in November last year, it is reasonable to infer that it will not commence to decline before the period stated.

Alluding to the numerous and abrupt changes of temperature which marked the month of February, Dr. Vacher states that they exerted no influence on the progress of the epidemic, and he explains this by the fact that variola is especially propagated by communication with patients—a fact which is independent of the state of seasons.

With regard to the quarters of Paris which have been most severely visited by the epidemic, Dr. Vacher observes, as might have been expected, that they consist chiefly of the poor and populous districts. In connexion with this subject he touches upon a point of interest. The *rural* districts abutting on the quarters of Paris which have the most suffered, have scarcely presented any cases of variola; whilst three country villages, situate in just an opposite direction—namely, Chaville, Sèvres, and Levallois—have been greviously affected, and this, because they are peopled with washerwomen who are in constant communication with the inhabitants of Paris. Thus the clothes of variolic patients, as has been already observed in regard to cholera, contain a contaminating principle which serves largely to propagate the disease.

The distribution of deaths in respect to sex and age also affords some interesting remarks. Males are much more subject to the disease than females. Out of 458 deaths, in 260 cases the patients belonged to the male sex. M. Vacher believes that this is not due to any cause inherent in the sex, but merely to the fact that women, through a spirit of *coquetterie*, are far more careful in avoiding the causes of contamination, and are much more ready in claiming the benefit of vaccination; and he tritely remarks that this is borne out by the fact that in cases where women have passed the age of *coquetteris* (say at least sixty-five), the two sexes become equal in respect of the number of deaths.

The question of age also presents points of interest. The period of infancy is the most severely treated. Out of a series of 257 fatal cases, 43 were children below one year. This large mortality may be explained by the popular error, which is extremely prevalent among the *sages femmes* and mothers of the lower classes, that children should not be vaccinated until three months or even six months after birth. This delay is attended by most grievous consequences in times of epidemics. This subject leads M. Vacher to consider another point of interest connected therewith; to wit, the precise moment when commences, in vaccinated or revaccinated subjects, comparative immunity against an attack of variola. M. Vacher does not state the time, but thinks that it is much later than is generally supposed. Thus he had seen a most virulent attack of small-pox break out in an individual who had been vaccinated fourteen days before, and though the arm then presented six magnificent vaccinal pustules.

Referring to a statement, which had been current here, to the effect that the present epidemic was marked by the prevalence of hæmorrhagic cases, M. Vacher shows that it is not so, the hæmorrhagic form of the disease being not more frequent than at other times. Lastly, he declares that the sum of experience has been most decidedly in favour of human vaccination; the Jennerian vaccine having preserved its efficacy and energy, as is shown by the low rate of mortality from small-pox in Sweden, Denmark, and England, where human vaccine is still exclusively employed, whilst animal vaccine has been a failure in this last epidemic.

ELECTION OF A PROFESSOR TO THE CHAIR OF HISTORY OF MEDICINE AT THE FACULTY.

On Thursday last the professors of the School of Medicine met in order to elect the first occupant of the new Chair of History and Philosophy of Medicine. The candidates were three in number—M. Daremberg, the author of several works on medical history and criticism; M. Bouchut, physician to the Hôpital des Enfants Malades; and M. Lorain, physician to the Hôpital St. Antoine. After three successive votings, the name of M. Daremberg was placed on the first line, and that of M. Lorain on the second, M. Bouchut following third. On Thursday next a similar election will take place to the vacant chair of General Pathology.

BANQUET OF THE PARISIAN MEDICAL PRESS.

The medical journalists of Paris are now going in for conviviality and confraternal exchange of sentiment, a state of things which is to be much commended and praised. They have determined to meet at regular periods to dine together, and discuss in a friendly manner the various topics of the day connected with medical and journalistic interests. There can be no doubt that many excellent results may attend these meetings, and that at least a kindly spirit will be engendered, and the asperities of party polemics assuaged and softened down. A few days ago the second banquet took place, and was quite a success. Not only were all the special journals of Paris fairly represented, but many medical men of distinction who had occasionally contributed papers had claimed the honour of attending the festival. During the whole time the very best spirit animated the *convives*, and with the dessert a poetical medical gentleman recited a series of stanzas in which the necessity of establishing a bond of kind feeling between medical men, irrespective of school or doctrine, was agreeably and wittily set forth. Some questions were next discussed, and amongst them that of the bearings of the forthcoming fiscal duty upon the medical press.

M. TARDIEU AND THE PARIS MEDICAL STUDENTS.

As I have in previous letters mentioned the agitation which the students have been carrying on in connexion with M. Tardieu, and especially the vote of a recent meeting of the alumni, in which his resignation was called for, it is but just to mention that another and a large portion of the students are doing their best to retain the Professor, in order that they may continue to profit by his valuable lectures. There is at present a circular going round the hospitals, in which a large number of the alumni entreat their comrades not to act in any way to deprive the School of M. Tardieu's teaching. A few days hence the doors of the Faculty will be once more thrown open.

Paris, April 26th, 1870.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At an extraordinary meeting of the College on the 21st inst., the following gentlemen, having conformed to the bye-laws and regulations, and passed the required examinations, were granted licences to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery:—

Cox, William Ashley, New King-street, Bath.
Derry, Bartholomew Gidley, St. James's-sq., Notting-hill.
Lowe, Walter George, Burton-on-Trent.
Male, Henry Davis, St. Thomas's Hospital.
Oldham, Charles James, Guy's Hospital.
Powell, Josiah Taylor, M.D. St. And., City-road.
Ring, Edmund Cuthbert, Foxley-road, Kensington.
Simon, Maximilian Frank, Blackheath.
Thomas, Andrew Appleby, Jamaica.
Tindale, Wentworth Raynes, M.B. & M.C. Aberd., Hampton, Middlesex.
Waddy, Henry Edward, Guy's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners on Tuesday and Wednesday last:—

William Thomson, William Livesay, Joseph J. Brown, E. J. Hutchinson, Alexander Hodgkinson, J. S. Brookfield, and H. A. Perkins, of Edinburgh; William W. Dickenson and Charles Jackson, of Guy's Hospital; Edward Murray and Charles B. Fothergill, of the Newcastle-upon-Tyne College of Medicine and Surgery; Moses Black, Richard L. Routh, and Richard Whitelam, of Charing-cross Hospital; Charles T. Griffin and William Thompson, of University College; Andrew Duncan, of King's College; Henry Wisken, of the Manchester School; William Ritchie, of the Belfast School; W. A. Meredith, of University College and Edinburgh; William Brown, G. G. Macpherson, T. W. Blackshaw, T. W. Parry, J. C. Clarke, and G. J. Malcolm Smith, of Edinburgh; T. W. Norbury, C. A. Nankivell, Owen E. Roberts, Walker Ottley, G. H. Barfoot, and R. J. Godlee, of University College; Robert Pitman, J. B. Cook, and W. E. Hodson, of Charing-cross Hospital; Frank Reid, N. Goodchild, and Charles Wilks, of St. Bartholomew's Hospital; Edw. A. Burgess and M. S. Duke, of Guy's Hospital; William V. Williams, of the Dublin School; W. J. Cole, of St. Mary's Hospital; John Garrett, of the London Hospital.

Twenty-nine other candidates were examined on the above-

named days, but failed to satisfy the Court, and were referred for a period of three months' further anatomical study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 21st:—

Fitzgerald, Conrad, Bristol Infirmary.
Galpin, Richard, Dorchester, Dorset.
Oldham, Charles James, Norfolk-square, Brighton.

[In the pass-list of the Hall of the 14th inst., the address of Mr. H. H. D. Lucas should have been Drummond-street, Euston-square, and not Somerset-street.]

AT the preliminary examination in Arts at the Royal College of Surgeons, Ireland, held on the 20th inst., thirty-two candidates presented themselves, twenty-seven of whom received certificates.

UNIVERSITY OF CAMBRIDGE.—Mr. A. Liverside, of the Royal School of Mines, and Mr. H. N. Martin, of University College, London, have been elected to scholarships for Natural Science at Christ's College; and Mr. H. H. Cunningham, late of the Charterhouse School, has been elected to a scholarship for Natural Science at Clare College.

MEDICAL CLUB.—The next monthly Club dinner will take place on the 4th of May, when Sir Galbraith Logan, K.C.B., will occupy the chair.

LONDON HOSPITAL.—The House Committee have reported that John Langdon Haydon Down, M.D., and Walter Rivington, F.R.C.S., are duly qualified candidates for the appointments of fourth physician and fourth surgeon, respectively. This is tantamount to election.

CRYSTAL PALACE BATHS COMPANY.—A movement, we are glad to see, has been started for providing the numerous frequenters of the Crystal Palace with baths. The Company have issued their prospectus, and from the inevitable popularity of the undertaking the shares will be rapidly taken up. The baths will be of two kinds—one for the purpose of ablution, and one for instruction and practice in swimming. Such enterprises, which conduce to personal cleanliness and the acquisition of a most healthful and useful art, have always our heartiest encouragement.

GLASGOW UNIVERSITY.—Western Scotland is proud of her ancient seat of learning, as may be inferred from the hearty support which the preparations for the new buildings are receiving. Government, it will be remembered, voted a sum of £120,000 for their construction, on condition that a similar amount was raised by the public. The latter have contributed £127,000; while the additional sums of £100,000 have been obtained for the old buildings from the Union Railway Company, and £17,500 from what is called the Fabric Fund of the University. The original estimate of £360,000 has therefore been more than realised; but it is found to be under the mark, and, accordingly, efforts are being made to subscribe the deficit. Last week a deputation, consisting of Principal Barclay, Professors Caird and Allen Thomson, and J. A. Campbell, Esq., had an interview with the Lord Provost and leading citizens of Greenock, at which it was agreed to appoint a committee for the collection of subscriptions in aid of the building fund.

FOOT-AND-MOUTH DISEASE. — This contagious malady is at present raging severely in the neighbourhood of Dublin, several head of cattle having already died from its effects, whilst a very large number are attacked with the disorder.

BEQUESTS, DONATIONS, &c. — Henry W. Ripley, Esq., has given £10,000 to found a Convalescent Home at Bradford. The Royal Orthopædic Hospital has received £1000 from "W. D. W." The London Fever Hospital has received a second donation of £1000 from "C. R. W." The Queen's Hospital, Birmingham, has received £1000, and the General Hospital £700 (£500 to the general fund, and £200 to the accident fund), under the will of the late Thomas Crowley, Esq. Peter Greenwell, Esq., has bequeathed £2000 to the Bolton Infirmary. St. George's Hospital has received £1000 from "F. G. N." The Middlesex Hospital has received a second donation of £1000 from "D. T. S." M. de Champoreau has left 150,000 francs to the Academy of Medicine of Paris, for the purpose of founding a Professorship of the History of Medicine and Surgery.

Medical Appointments.

ABBOTT, H., F.R.C.S.E., has been appointed one of the Surgeons to the Great Northern Hospital, Caledonian-road.

BARKER, R. H., M.R.C.S.E., has been appointed House-Surgeon at the West London Hospital, Hammersmith, vice Geo. Herbert Wade, M.R.C.S.E., resigned.

CARTER, Mr. C. H., has been appointed Obstetric Assistant, vice Mr. J. W. Bullock.

CLARKE, Mr. A., has been appointed House-Surgeon at the Middlesex Hospital.

COCHRANE, W. B., M.R.C.S.E., has been appointed Resident Surgeon at the General Dispensary, Birmingham, vice Herbert Lumley Snow, M.B., resigned.

CURGENVEN, W. G., M.D., has been elected Surgeon to the Derbyshire General Infirmary, Derby, vice Fearn, resigned.

FEARN, S. W., F.R.C.S.Ed., has been elected a Consulting Surgeon to the Derbyshire General Infirmary, on resigning as Surgeon.

GREENHILL, A. P., L.R.C.P.L., has been appointed Assistant House-Surgeon at the West London Hospital, Hammersmith, vice Barker, appointed House-Surgeon.

HOWES, F. C. P., M.D., has been appointed Resident Medical Officer at the Kensington Dispensary, vice M. Townsend, M.R.C.S.E., resigned.

HUBERT, W. H., M.R.C.S.E., L.S.A., has been appointed Medical Officer and Public Vaccinator for the Billingshurst and Rudgiek Districts of the Horsham Union, Sussex, vice J. K. Hubert, M.D., resigned.

PIDWELL, Mr. S., has been appointed House-Surgeon at the Middlesex Hospital.

PRINGLE, R., L.F.P. & S. Glas., has been appointed Medical Officer for the Osmotherley District of the Northallerton Union, Yorkshire.

PRITCHARD, U., M.B., has been appointed House-Physician at King's College Hospital, vice A. Cotterill, M.R.C.S.E., whose term of office has expired.

RICKARDS, Mr. E., has been appointed House-Surgeon at University College Hospital.

SMITH, Dr. P. B., and HUMPHREYS, Mr., have been appointed Physicians' Assistants at the Middlesex Hospital, vice Messrs. J. W. Langmore and J. Cross.

SMITH, Mr. R., and CARTER, Mr. A. H., have been appointed Physicians' Assistants at University College Hospital, vice Messrs. W. Roberts and W. Rigden.

TOWNSEND, M., M.R.C.S.E., has been appointed Medical Officer for the Town District and the Workhouse of the Kensington Union, vice J. B. Guazzaroni, M.R.C.S.E., deceased.

TURNER, Mr. H., has been appointed House-Surgeon at University College Hospital.

VACHELL, C. T., M.R.C.S.E., has been appointed Physician-Accoucheur's Assistant at King's College Hospital, vice F. Beach, M.R.C.S.E.

WHITMORE, W. B., M.R.C.S.E., has been appointed House-Surgeon at King's College Hospital, vice G. R. Milles, M.R.C.S.

Births, Marriages, and Deaths.

BIRTHS.

CREED.—On the 26th inst., at Croom's-hill, Greenwich, the wife of T. Creed, M.D., of a daughter.

GOURLEY.—On the 20th inst., at Church-square, West Hartlepool, the wife of S. Gourley, M.D., of a daughter.

MURIEL.—On the 25th inst., at Alrewas, near Lichfield, the wife of Geo. J. Muriel, M.R.C.S.E., of a son.

ROBINSON.—On the 12th inst., at Manchester, the wife of Mr. R. H. Robinson, M.R.C.S., of a son.

MARRIAGES.

CLARKE—WALKER.—On the 21st inst., at Walcot Church, Bath, Wm. Fairlie Clarke, F.R.C.S.E., of Curzon-street, Mayfair, to Caroline Selina, daughter of the late John Walker, Esq., of Crawfordton, N.B.

GAIRDNER—WRIGHT.—On the 26th inst., at Norwich Cathedral, William Tennant Gairdner, M.D., Professor of Medicine in Glasgow University, to Helen Bridget, eldest daughter of Robert John Wright, Esq., of Norwich.

WYLLYS—PALMER.—On the 21st inst., at Great Yarmouth, Wm. Edward Wyllys, L.R.C.P.Ed., to Anne, daughter of the late H. D. Palmer, Esq.

DEATHS.

BADLEY.—On the 16th inst., John Badley, F.R.C.S.E., of Castle-street, Dudley, aged 87.

COCHRAN.—On the 7th ult., Andrew Cochran, M.D., Superintendent of the Civil Hospital, Hong-Kong.

GREENHOW.—On the 19th inst., at Humshaugh House, Hexham, Jane Frances, the widow of Edward Greenhow, M.D., F.R.C.P.Ed., aged 76.

MAUNSELL.—On the 25th inst., at Freshwater, Isle of Wight, George H. Maunsell, L.R.C.S.I., R.N. (retired list), aged 53.

THOMSON.—On the 21st inst., in London, Francis Hay Thomson, M.D., of Glasgow.

BOOKS ETC. RECEIVED.

Dr. Hutchinson on Acupressure.
Transactions of the Odontological Society of Great Britain.
Mr. Acton on the Contagious Diseases Act.
A Treatise on Medical Electricity.
Letters of Sir C. Bell.
Dr. Black, Observations on Therapeutics and Diseases.
Half-yearly Compendium on Medical Science. January, 1870.
Mr. Skey's Lectures on Hysteria.
Dr. Laycock's Clinical Inquiries, &c.
Dr. Buchanan on a Case of Ovariotomy.

Medical Diary of the Week.

Monday, May 2.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. Annual Meeting.
MEDICAL SOCIETY OF LONDON.—8 P.M. Annual Oration by Mr. Francis Mason and Conversazione at the Hanover-square Rooms.
ODONTOLOGICAL SOCIETY.—8 P.M. Mr. Bridgman, of Norwich, "On the Electric Chemical Action of Amalgam Stoppings in the Mouth."

Tuesday, May 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Blackie, "On the Principles of Moral Philosophy."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Mr. Maunder: Larynx after Croup. Dr. Crisp: Calculus from Cloaca of Pelican; Fatty Degenerations in the Lower Animals.—Dr. Whipham: Syphilitic Affections of the Heart; Tumour in Liver of a Turkey. Dr. C. T. Williams: Cancer of Lung.—Sir H. Thompson: Cystic Oxide and Phosphatic Calculi removed by Lithotrity.—Dr. Dickinson: Lymphoid Growth in Spleen; Glandular Tumour in a Child. Mr. H. Arnott: Cancer of Uterus;—&c. &c.

Wednesday, May 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 3 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, May 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
HARVEIAN SOCIETY OF LONDON.—8 P.M.

Friday, May 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—8 P.M. Mr. Proctor, "On Star Grouping," &c.
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Nomination of Officers for the ensuing Session.—Practical Evening for the Narration of Cases and Exhibition of Specimens.

Saturday, May 7.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Comets."

Notes, Short Comments, and Answers to Correspondents.

THE VALISE EQUIPMENT.

We are glad to find that the military authorities have come to a fina decision in favour of the valise equipment, and its adoption throughout the army, as the result of the recent competitive trials instituted between this and the mode of accoutrement proposed by Colonel Carter. The statements made by commanding officers, and the general satisfaction which continues to be expressed by regiments wearing the valise equipment, are so conclusive, that the authorities could not but regard the matter as settled. The labours of General Eyre's Committee have resulted, we are satisfied, in providing the soldier with a pack which, especially on the score of hygiene, is infinitely preferable to anything that has yet been devised, and the adoption of which in the army will certainly be followed by a diminution of damage to the physique of the soldier, by freeing the action of his chest and heart. From a military point of view also, the valise equipment seems to give general satisfaction, and the objections brought against it on the ground that the pouches interfered with the rifle and bayonet exercise, and prevented the men lying down without great inconvenience, have been now shown to be quite untenable.

Mr. H. B. Supple.—As our correspondent will perceive, the information has been received from other sources.

PUBLIC SPIRIT REWARDED.

It is a bad thing for the community when the civil magistrate interferes with the enforcement of sanitary precautions. A cabman conveyed from the Servants' Home to the Fever Hospital a young woman suffering from scarlatina. On arriving at the hospital, the doctor asked him if he knew he had carried a fever patient. The cabman said he did not; but that if he had known he would have declined the job. Thereupon the doctor told him to drive home and fumigate his cab at once. On the next day the doctor came to the yard in Harley-street Mews, and again enjoined him to fumigate his vehicle, and to keep it unused for three days. He did so; but afterwards attended before Mr. Benson, at the Southwark Police Court, and asked who was to pay him for the three days during which his cab stood in the yard. Mr. Benson told him that the doctor "had no power" to order him to keep his cab so long idle. The cabman need not (he added) have obeyed him, and might now "bring an action against the doctor." So this is the return a prudent and zealous promoter of the common weal obtains for the discharge of what he conceived to be his duty! If medical practitioners, in the presence of a destructive epidemic, are to be denied all initiative or power in enforcing sanitary precautions, how are such visitations to be encountered or controlled? The Damocles' sword of "an action in a civil court" is, it seems, to be suspended over the professional guardians of the public health in all their movements for the protection of the community. The cabman may take Mr. Benson's advice, and summon the physician of the Fever Hospital; but we hope the public will in turn interpose in behalf of its sanitary guides, and procure such a modification of the law as will no longer place them at the mercy of pedantic interpreters of legal precedent.

A Constant Reader.—Public vaccinators have no right to solicit the patients of other medical men to have their children vaccinated. The Act contemplates no such thing.

Dr. of Medicine of Edinburgh (Punjaub) is thanked for his letter.

THE MEDICAL BRANCH AT WHITEHALL-YARD.

To the Editor of THE LANCET.

SIR,—I have just seen a letter in your last issue having reference to a gentleman very well known to, and on many accounts admired by, the medical officers of the army.

Mr. FitzGerald has been specially favoured in regard of home service; but there is no doubt that he is specially fitted for the duties he has had to perform, and that any advancement that can be given to him in his own line would be correct. He has diligently applied himself to a kind of work that few of us like, and fewer still are adapted for. Why then interfere with the natural development of such a man? Your obedient servant,

London, April 26th, 1870. ON LEAVE.

*** We have since heard that the appointment is not to be made, and, under these circumstances, there is no necessity for the appearance of the other communications received by us on the same subject.—ED. L.

Mr. Metcalfe Johnson is thanked for his communication, which, however, the claims upon our space at this time make it quite impossible for us to print. Such an elaborate organisation as our correspondent sketches out may possibly be brought into existence within the next century, and we trust he will live to witness its inauguration. Something a little less comprehensive would satisfy us for a beginning; but we have no great expectation that even our more moderate desires are likely to be realised just yet.

H. T., (Glasgow.)—The use of hair-dyes of the composition named is likely to prove injurious to health.

WOUND OF THE BLADDER.

To the Editor of THE LANCET.

SIR,—Having read in your impression of April 2nd an account of a case of wound of the bladder, I think the accompanying notes may interest your readers, the two cases being somewhat parallel. The notes were taken at the time several years ago.

James A——, aged nineteen, was practising a high jump on April 10th, when his feet caught the thatch-peg used as a cross-bar, and this falling in front of him, one end of it stuck in the ground, the other as he alighted entered the inner side of the left thigh, about three inches below the pubes. On my being summoned to him the same afternoon, he said that he believed the pointed end had not pierced deeper than an inch or two; but at a later date it was ascertained to have penetrated directly upwards for 6½ in., that length of the stick being stained with blood. He complained of great desire to pass urine, and inability to do so. About half an ounce was drawn off with the catheter, and more was again withdrawn the following morning; but in the afternoon urine flowed through the wound in the thigh, showing that the bladder had been punctured. To remedy this, and allow the wound to heal, a gum-elastic catheter was tied in without a stilette; but as the urine still flowed through the wound, he was ordered to lie constantly on his right side, that the wounded portion of the bladder might be uppermost, the catheter being still retained.

On April 16th, and again on April 19th, the catheter slipped out, and on each occasion urine flowed through the wound. On the 23th he removed the instrument, and in endeavouring to empty his bladder again forced urine through the adventitious channel; but, with these exceptions, none was passed, excepting through the catheter, from the time that he commenced lying on his right side till the wound closed on May 9th. His hip became rather sore, owing to the constant pressure upon it, and there was apparently some extravasation of urine into the scrotum. On April 11th, incisions were made into it to relieve tension. These closed immediately; but an abscess subsequently formed there, and was opened on April 23rd, after which it healed without further trouble, and the man returned to work the following month. Your obedient servant,

Louth, April 0th, 1870. THOS. WENTIS BOOG.

THE PROGRESS OF SANITATION IN INDIA.

WE have been favoured with a pamphlet in which a general view is afforded of the progress of sanitation in India during the decennial period ending with 1869. We do not know that it contains anything with which medical officers who have served in India are not familiar, although their opinions regarding some of the subjects included in the sketch may differ from those expressed by the author. There is one point, however, in which we cordially agree with him, and it is that there are no means for preserving the health of Europeans in India equal in importance to the establishment of hill stations or sanitaria. These ought rather to be regarded as means of maintaining the health of soldiers than as curative agencies. The true value of the climate of the Indian hill ranges has yet to be learnt by us. We fully believe that a regiment fresh from Europe, if placed on the hills, would enjoy a degree of health equal to that they had in England. Instead of utilising these elevated ranges, and employing our soldiers to the utmost on public works, we are locating them on the dreary plains of India, and wasting their energies in a contest with heat, malaria, and epidemic disease. At some fifty places in the plains, we are told, palatial double-storied barracks are rising at enormous cost to the Government; and there is no reason to suppose, when the eleven millions, which it is proposed shall be spent on this object, have been expended, that the health of our soldiers will be secured, or even improved commensurately with the outlay. Our author holds that, compatible with protection from weather, sun, and rain, the less massive a soldiers' barrack may be, the more likely it is to prove a healthy residence. Indeed a change from one locality to another would be advisable; and even if this entailed the desertion periodically of temporary barracks, and the erection of new ones of the same class, the expenditure would not amount to the millions required for the many-storied buildings now in course of erection. Ere long it will be found that no immunity from disease is afforded by these magnificent barracks, and when too late, the error now being committed will be confessed. It is lamentable that some of this money, now being devoted to barracks on the plains, has not been expended in rendering hill stations habitable.

Nemo.—The late Dr. Marshall Hall, it is needless to say, had nothing whatever to do with the so-called discovery, and the pretended extract from THE LANCET is as mendacious as the rest of the advertisement.

G. C. D.—Brislington House, near Bristol, under the superintendence of Drs. F. K. and C. H. Fox.

THE HOPE SCHOLARSHIPS AND MISS PECHEY.

To the Editor of THE LANCET.

SIR,—As from many of the periodicals of the day there is good reason to believe that I am not at all exceptional in holding that Miss Pechey has been somewhat scurvily treated in the matter of these scholarships, I ask you to allow me to give my reasons for this belief.

I am satisfied to assume the general facts of the case as you put them in your impression of April 16th, that these scholarships were reserved for the "general class of chemistry," and that *after* Professor Crum Brown had seen the feasibility of one or more of his lady students being among those four, to whom would be awarded these prizes, he informed these ladies of how the law stood, in his opinion. Now, the formation of the lady class can surely not be deemed a "separate" class, so far as the intentions of the founders of these scholarships are concerned. These lady students were given tickets consecutively numbered with those of the men students; the course of lectures and experiments were the same in both cases, and, what is to me conclusive, the testing examination of the ladies was decided by the standard applied as to excellence and superiority to the other class—that is, not that Miss Pechey was the best in her own class, but that she was one of the *four* best among all. The "separation" in a class was, so far as can be learned, merely an arrangement to suit certain notions of decorum, but having, *when formed*, no special disability attached to it. It was only just before that final examination of both classes of students, and that conjointly, that the disability now in question was mentioned.

That Professor Crum Brown acted generously in other items of the case is conceded; but that he has come short of that magnanimity (might we not say justice?) demanded under the circumstances is to many apparent; and the feelings of that (male) student to whom was given the scholarship passed over the head of a student proven better than himself are scarcely to be envied.

As to the general principles involved, little need be said here. If it be deemed unadvisable to admit lady students to our seats of learning, let it be so; but having admitted them, scarcely should they be deprived of the rewards due to their competitive superiority by what seems to many besides myself as something more than sharp practice.

I am, Sir, your obedient servant,

Hanley, April 20th, 1870. J. F.

*** Our correspondent has missed the point at issue. The authorities of the Edinburgh College, while consenting to the admission of ladies into the medical curriculum, passed no resolution entitling them to participate in those prizes which had been previously assigned and originally destined to the male students. Professor Crum Brown was, therefore, acting according to the law and custom of the University in awarding the Hope Prizes to the male students who constituted the "general class of chemistry," which did not include a separate course of lectures given out of Professor Crum Brown's own free will to six ladies.—ED. L.

A Fellow of the College of Surgeons.—Mr. Cæsar Hawkins was elected by the Council of the Royal College of Surgeons on the 4th of July, 1865, for a period of five years, as a representative of the College on the General Medical Council. Consequently, if not re-elected, Mr. Hawkins will cease to represent that corporation on the 4th of July, 1870.

THE OPENING CEREMONY OF THE UNIVERSITY OF LONDON.

REPRESENTATIVES of the press, it seems, are to be refused admission to the new buildings of the London University on the opening ceremony of May 11th. Had the refusal come from any of the older seats of learning, we could have understood it, and put it down to their reluctance to encourage any innovation. But the University of London has always set her face against exclusiveness of any kind, and certainly appears inconsistent with her better self in refusing to admit, on an occasion of public ceremony, the representatives of an institution to which in great measure she owes her foundation.

EPSOM COLLEGE.

AN intelligent correspondent, who is also a Life Governor of Epsom College, writes to say that he heartily endorses the sentiments of THE LANCET as to the management of that institution. Nothing will better conduce, in his opinion, to the future prosperity of the College than that searching investigation by an independent Committee which THE LANCET recommended. Indeed, unless some such step is taken, our correspondent intimates his resolve to withhold his vote for scholarships. With such censors in the governing body itself and among the general public, we cannot think that the authors of the abuses exposed by THE LANCET will long escape the appropriate penalty.

Delta had better refer to the Students' Number of THE LANCET.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—"A Senior Medical Student" writes in the number of your journal for January 22nd last, expressing his surprise at having seemingly just discovered that the Government of India does not treat its medical officers in civil employ in the matter of furlough in the same way as it treats its other military officers in similar circumstances. This is so notorious that it seems strange to find anyone to whom it was unknown. It is, perhaps, not so notorious that civil medical officers cannot procure even privilege leave like other officers—that is, leave with *full* pay. A certain staff salary is attached to each civil medical charge; but this is so small as to be inadequate to induce anyone to take the appointment, being usually less than 50 *l.* a month less than the medical officer's military pay; whereas other military officers in civil employ draw usually at least double their military pay; and to make the appointment at all acceptable, certain allowances are given for such duty as superintending a gaol, and these allowances are retrenched while on privilege leave.

It is not to be supposed that other branches of the civil department do not get allowances, or that those are similarly retrenched. Not at all. It is quite usual, for instance, for a member of the Commission to take leave while acting for a superior (who is on furlough on *half* his *total salary*), and drawing the acting allowance the while. The explanation consists in calling the former, but not the latter, *special* allowances, and ruling that *special* allowances cannot be drawn while on privilege leave.

In the communication above referred to, the British is favourably compared with the Indian medical service, and rightly too, all things considered. This may not appear so at first sight to an assistant-surgeon of the former service, who arrives in India with his regiment on 380 *r.* a month, and finds his *confrère* of the Indian service in a civil station drawing 500 *r.* a month. The latter is tied down to a dull, hot, and probably unhealthy station, overtaxed with multifarious duties, allowed only one month's leave in the year, and that at the expense of one-fourth of his pay (not counting the cost of his transit to a passable climate); and if from this confinement and overwork he should chance to get sick, and wish to take furlough, he is treated exceptionally and badly. On the other hand, the British medical officer has always a comparatively good station, often a hill station or a sanitarium, gets two months' leave in the year on *full* pay, and three to ten days' station leave as often as he likes to ask for it almost—that is in reason.

The "doctors" are said to be always grumbling; if so, the above surely shows that it is not without good reason.

It is pretty universally admitted here that the rules for the Indian medical service have been apparently conceived in a fair and liberal spirit. It is only to the subsequent riders to them that objection is taken. It is believed that this matter of "leave to the Indian medical officers" is to be brought before Parliament; and the Government may rest assured that if the "doctors" be treated fairly in this matter, the great source of discontent will have been removed. All they ask is to be put on an equal footing with members of *all* the other services—that is, furlough on half their total salary, with retention of appointment, and privilege leave on *full* salary.

Yours faithfully,

India, Feb. 17th, 1870. ONE OF THEM.

To the Editor of THE LANCET.

SIR,—In publishing my letter on the "Indian Medical Service" in your issue of Feb. 19th, you have inserted the word "tailor" for "jailor" (gaoler). You are, perhaps, not aware that medical officers placed in charge of civil stations are also placed in charge of the district jails, and have to superintend all manufactures, erection of buildings, and other works on which prisoners may be employed. Thus "tailor" is no very great mistake; nor would it be so to call us carpenters, masons, or weavers. Whether superintending the work of scavengers and inspecting work executed by tradesmen is the proper work of a medical officer, I will leave you to judge. In as far as the Indian Government is concerned, I think it would be but fair on their part to erect workshops at Netley for the instruction of medical officers in duties they will one day have to perform.

I remain, Sir, your obedient servant,

March, 1870. CIVIL SURGEON, &c.

EDUCATION OF THE DEAF AND DUMB.

A CORRESPONDENT writes to confirm Dr. Symes Thompson's evidence in favour of Miss Hull's system with the deaf and dumb. He says that his eldest child has been entirely educated by her, and that her acquirements are equal to those of most children of her age (twelve years).

Mr. A. Abbey, (Zetland Hotel, Huddersfield.)—Physicians' fees are not binding in law. They are of the nature of an *honorarium*, and therefore very binding in honour.

TOWN AND COUNTRY.

Gideon Gray, jun., hailing from a village in the far north, makes some very sensible comments on the use to which country patients are apt to turn their facilitated access to metropolitan practitioners. One of his patients (perhaps a "chronic case") goes to Edinburgh on the sly; consults a great man there; is told by that authority that he is suffering from "torpid liver," when Dr. Gray had told him that his digestion was at fault; gets a prescription slightly different from Dr. Gray's, and returns with the report that the latter was quite wrong, and that it was a mercy he (the patient) thought of going to Edinburgh before it was too late. Dr. Gray assures us that he is not smarting under wounded pride—quite the contrary,—as he has just found that a patient returned from one of those clandestine visits to "town" with precisely the same prescription he himself had given him—a prescription, moreover, for which he originally paid half-a-crown, but which as repeated to him in Edinburgh cost him one guinea, besides travelling expenses. The metropolitan practitioner, when such a patient brings with him no letter from his regular attendant, should ask whether he has been under treatment, and if so, under whose; on ascertaining which, he should give the patient a note to take back to his original attendant. This would involve a little trouble, but not more than professional comity demands. It would promote the amicable relations which ought to subsist between town and country practitioners; and while the "Gideon Grays" would secure their shillings, it would not deprive the city magnates of their guineas.

M.D.—We agree with our correspondent that the charges of druggists are excessive, whether to surgeons or to the general public.

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—Being the first to import the above into the United Kingdom, and now making it one of our leading articles, we are naturally interested in anything connected with it. The exceedingly great value of chloral, not only as an opiate, but as the best known, up to the present time, is placed beyond doubt, as is evident from the fact that since Dr. Oscar Liebreich recommended it to the public it has been daily gaining favour throughout Europe and America, and the demands made upon us for it now amount in the aggregate to several cwts. per month, and, as a rule, are in advance of the supply; in fact, for the last six months the demand for pure chloral hydrate has been greater than the supply. This state of things has induced several continental chemists to attempt its manufacture, some of whom do not know how to neutralise it, and, as a consequence, their products have been disagreeable in the extreme both to taste and smell. There is also in the continental markets, and we believe likewise in our own, an article offered as chloral hydrate that is not a *pure* hydrate, and which has been described to us as an alcoholate, giving off a very obnoxious odour. We have never yet seen any chloral really palatable; but we feel satisfied that if your correspondent, "A Subscriber," will ask for *pure* chloral hydrate of any leading chemist, either here or in the provinces, and see that he gets it neutralised, he will find it as palatable, mixed with any syrup or even in an aqueous solution, as very many drugs which are taken without a murmur.

We have been induced to make these remarks simply from a belief that "A Subscriber" has hitherto employed impure chloral, a continuance of which may not give the desired results without attendant disadvantages, or, what is equally to be deplored, may retard a universal knowledge of the benefits to be derived from such as is made according to the formula of Dr. Oscar Liebreich. We are, Sir, yours obediently,

E. W. HOWE & Co.,
Aldermanbury, London, April 25th, 1870. Importer of Chemicals.

To the Editor of THE LANCET.

SIR,—"A Subscriber" in your issue of to-day wishes to know the most palatable way to exhibit hydrate of chloral. I have found Ferris and Co.'s syrup. chloral. hydrat., in two to three drachm doses suit well as a hypnotic. But before I was aware of such a preparation, and even since, I have prescribed and found the following compound suit admirably:—Hydrate of chloral, half a drachm; glycerine, half a drachm; distilled water, one ounce and a half. Mix. Yours respectfully,

Portobello, April 23rd, 1870. A. M. T. RATTRAY, M.D.

To the Editor of THE LANCET.

SIR,—In answer to "A Subscriber," I believe Mr. Squire recommends as the best vehicle for the administration of hydrate of chloral, either the aqua menth. pip. of the B.P. or the syrup of tolu. Ferris, Boorne, and Co.'s syrup of chloral hydrate is said to be free from odour and unpleasant taste; but I have not used this preparation. Yours, &c.,

Nottingham, April 23th, 1870. JOSEPH THOMPSON, Jun.

"A DARING AND SUCCESSFUL OPERATION."

WE learn from the *Beverley Weekly Recorder* that an operation characterised as above has been successfully performed in the Driffield Cottage Hospital by Dr. Britton. The case is said to have been one of cancerous tumour of the clavicle, which bone was removed, and the case is therefore of considerable surgical interest; and, had it appeared in any medical journal, with fuller details, might have been of service to suffering humanity, and have tended to the advance of surgery. As it is, the case reads too much like a puff (inserted probably by an indiscreet friend) of the operator, and this feeling is not diminished by the occurrence of the following sentence in the report:—

"Professor Fergusson has never performed this operation, and several of the leading members of the medical profession in London have discountenanced its being attempted"!

Mr. H. G. Knaggs, (Kentish-town.)—Our correspondent's case is an uncommon one. He may be congratulated on his satisfactory progress to health.

H. (Sydenham) should put the debtor into the County Court.

THE NEW BILL AND MEDICAL MEN WITH ONE QUALIFICATION.

Non-Registered.—A medical man who at the time of the passing of the new Act is possessed of a half qualification will be entitled to the benefit of the old Act in respect of that half qualification; but if he wishes to convert his half qualification into a whole one, by undergoing the requisite supplementary examination, special provision is made for such examination in the following clause (24), of which we highly approve:—

"Where a person has obtained before the passing of this Act a qualification to practise in medicine or in surgery, or in some branch of medicine, or in some branch of surgery, and not in all the branches of medicine and surgery, such person may be admitted to the examinations under this Act on such special terms as may be provided in that behalf by any examination rules under this Act."

Week.—Our correspondent will find his principal question answered in our reply to "Non-Registered." A medical man holding only a surgical qualification will have no right to practise medicine, and *vice versâ*, as at present—that is to say, he will have no legal claim for services other than those consistent with his qualification. We must decline becoming prophetic as to the fate of the Bill.

THE communication of *Dr. Sweeting* (Stratford) shall receive early publication.

SYME TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—Permit me in your widely circulated columns to thank the numerous pupils and admirers of Mr. Syme in all parts of the world who have forwarded to me subscriptions towards founding a Fellowship in the Edinburgh University to perpetuate his name. In particular I beg that you will acknowledge the following sums collected by Dr. George Hogarth Pringle, of New Zealand, amounting to £25 4s.—viz.:

Dr. Waugh, Goulburn	£1	1	0	Dr. M'Kenzie, Bowenfels	£1	1	0
Dr. Henison	1	1	0	Dr. Cameron, Richmond	2	2	0
Dr. M'Laurin, H.M.S. *Challenger*	1	1	0	Dr. Bowman, ditto	5	5	0
Dr. Machattie, Bathurst	1	1	0	Dr. Cox, Sydney	5	5	0
Dr. Morgan, ditto	1	1	0	Dr. G. H. Pringle, Parramatta	5	5	0
Dr. Rowling, Mudgee	1	1	0				

The sum subscribed now amounts to £1625; but nearly £900 are still required to carry out thoroughly the objects of the testimonial.

I am, Sir, your obedient servant,

CHARLES MURCHISON, M.D., LL.D.

Wimpole-street, April 23rd, 1870.

CHOLERA IN THE DECCAN.

A TABULAR statement has lately been drawn up by E. Balfour, Esq., Deputy Inspector-General, Indian Medical Department, showing, so far as information is available, the admissions and deaths from cholera in each month, in civil and military stations of the Hyderabad State, through a series of years from 1857 to 1869. The object in view was to ascertain the periods of the year in which cholera occurs in the Hyderabad territories. Of the total 6316 deaths, 3736 occurred in the four months of May, June, July, and August. In Akolah, Ellichpore, Secunderabad, and Hyderabad, it has been present in every month of the year.

Dr. T. Hall Redwood's paper on "Perforation of the Stomach" shall be inserted as soon as practicable.

Omega.—The medical officer referred to is not entitled to mount a cockade on his coachman's hat.

THE BUCKS GENERAL INFIRMARY.

To the Editor of THE LANCET.

SIR,—I have perused your article in the last number of THE LANCET, relating to recent events at the Bucks Infirmary, and beg to thank you very heartily for the kind expressions contained in it.

You state in the article referred to that I did not receive that support from the surgeons which, as a professional brother, I was entitled to at their hands. Allow me to say that (although this remark very truthfully applies to the "surgeon of the week" when the accident was brought to us, and the censure here would be even more just if it were more severe) the senior surgeon and Mr. Hooper must be acquitted of any want of kind consideration towards me, as Mr. R. Ceely defended me by pointing out the difficulty of diagnosis in children, by reason of their continual crying when a doctor touched any part of their bodies whether healthy or diseased; and Mr. Hooper told the Board that if the accident had arrived at any of the times when the honorary surgeons were not in attendance, the house-surgeon (being called upon under the circumstances to examine the fracture) would have put it up *without* any mistake. The behaviour of the other surgeon was very different, as, so far from helping me, he put my conduct in the worst light by throwing the whole blame on my shoulders, in order to clear himself from any possible blame. I believe, Sir, it is generally admitted that when the honorary surgeon is in attendance, he is responsible for all acts performed by his authority, and this truth Mr. James Ceely virtually admitted by coming to me in the by-ward, and placing his hand on the splints after they had been applied to see if the thing was done rightly. This fact he denied in the Board-room (on the 2nd of February, when the subject was discussed), in contradiction to my statement to the Board, and I may further say that I could produce witnesses to prove the truth of my statement.

With regard to the two clerical gentlemen whom I mistook for a deputation from the Board, I wish to say that the senior surgeon, who was present when the gentlemen left the Board-room, and also when they returned, has since told me that he was *surprised* to hear of my resignation, and kindly added that he regretted to learn the fact. This gentleman has, since these events transpired, presented me with a good testimonial; Mr. Hooper has done the same, and I also hold one from the Monthly Board.

Yours sincerely,

THE LATE HOUSE-SURGEON OF THE BUCKS
Great Berkhampstead, April 26th, 1870. INFIRMARY.

TRANSFUSION OF BLOOD.

DR. BEATTY, at a late meeting of the Obstetrical Society of Dublin, detailed a successful case of transfusion of blood. The patient was a young lady who suffered from great hæmorrhage after a premature delivery. As a last resource, when almost moribund, ten ounces of blood were taken from the husband's arm, and injected into the median basilic vein by Dr. M'Donnell. The result was satisfactory, the patient making an excellent recovery.

SILVERLOCK'S LABELS.

ALTHOUGH these labels are probably known to many practitioners, as well as to most chemists and druggists, we may take this opportunity of saying that we have received some fresh specimens of them from Messrs. Silverlock. They are calculated to be extremely useful to persons engaged in dispensing. The labels are admirably printed so as to catch the eye and save time; and the saturation tables from Dr. Attfield's work can be hung up in such a position as to make the information they contain readily accessible to the prescriber or dispenser.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—The subjoined quotation from your article of the 23rd instant on the "Medical Attendance for the Poor" is full of important meaning to our department at the present time.

"We should welcome proposals which would tempt an earlier retirement from the naval and military services, in order that Poor-law, criminal, police, and civil practice might reap some of the many advantages those services secure, but which cannot be obtained in civil life."

In order that your idea might bear fruit, so far as the army is concerned, a very small concession on the part of the Government is required. It is well known that for many years there has been a strong feeling throughout the department that Government would with advantage concede the privilege of retirement on £1 a day on completion of twenty years' full-pay service. Under present regulations, a medical officer can claim retirement on 12*s.* a day after twenty years' service; but should he, on the report of a Medical Board, be considered unfit for further service, he is allowed to retire on 16*s.* 6*d.* a day. The absurdity of this regulation is only equalled by its injustice. The zealous and vigorous medical officer, who has taken his full share of tropical service, who has always done his duty, and whose name has seldom or never been borne on the sick-list of his regiment, however anxious he may be to return to civil life at the end of twenty years, is unable to do so on account of the smallness of the pension; whereas any one of H.M.'s hard bargains (rare indeed in the medical department of the army), who has cost the State more than his services were worth, and who has spent a considerable portion of his time on sick leave, may have no difficulty in passing a Board, and retire on 4*s.* 6*d.* more a day than his hard-working *confrère*. Since the regulation came into force, on the 1st April, 1867, a solitary individual has, I believe, taken advantage of his privilege of retiring on 12*s.* a day. This part of the regulation, intended, no doubt, to be a boon, is virtually, therefore, a dead letter. But I would call particular attention to the fact that even those medical officers who would have no difficulty in passing a Board, prefer remaining in the service, for the simple reason that 16*s.* 6*d.* is not sufficient inducement for them to go, and men are retained whom it would be an advantage to the country to place on the retired list. Were retirement on £1 a day after twenty years' full pay service conceded, it would be an addition of only £64 to the pension of those who could avail themselves of it; and what would be the advantage? There would be an end to the stagnation in promotion, which has now for years weighed on the junior members of the department like an incubus, which has crushed out all hope of reaching a higher grade in the service, till, from long subordination, they have become soured and discontented. Moreover, those men who for various reasons might long for civil life, and whom it would be better to part with, would be able, without the risk of starvation, to retire and make way for their juniors; a fresh current would be set flowing through the department, capable of bearing to the higher grades men with minds and bodies still comparatively young and active; and, finally, your idea would have a prospect of being realised; for in civil life there would be available medical men specially trained for duties, such as those indicated by you, requiring a certain amount of administrative ability.

You have often before proved your wish to benefit the department, and a better opportunity than the present is not likely soon to occur; *for*, as you have informed us, it is on the eve of a complete reorganisation, the sole advantage of which to the juniors appears to be the privilege of dropping the prefix "assistant." It cannot be expected that such a mild sop as a mere change of name will produce that contentment which the head of the War Office no doubt wishes to see in all its departments, and which was publicly enunciated as a vital portion of the policy to be followed by the head of the Admiralty.

Yours faithfully,

April, 1870. A. M. D.

APPLICATION FOR SORE HEEL.

A CORRESPONDENT suggests the use of a piece of some fatty membrane from a lamb or sheep, stitched inside the heel of the sock, as a simple means of preventing sore heels on pedestrian or shooting excursions; and he asks whether the same expedient might not be available in cases of bed-sores and skin abrasions generally.

MR. HAYDEN, M.R.C.S., the Mayor of High Wycombe, has written to the *South Bucks Free Press*, contradicting a statement made by one of the guardians that he had refused to grant a summons under the Vaccination Act.

EPSOM COLLEGE.

To the Editor of THE LANCET.

SIR,—As one of the Life Governors of the Royal Medical Benevolent College, Epsom, I should be very glad if I could claim your interest to bring before the ruling powers of the College the pain which we all feel at the *small number* of vacancies for the *large number* of poor boys desiring to gain admission this year. At the same time there are ten vacancies for pensioners. Does it not seem as if these pensioners were having too large a share of the benefits of an educational College? Provision for the aged and infirm is made in a variety of institutions, and it seems a thousand pities that they should be allowed thus, as it were, "to take the children's bread."

Yours faithfully,

April, 1870. A LADY LIFE GOVERNOR.

Mr. E. Pinder, (Camberwell-green.)—A Bachelor of Medicine is a physician; a Licentiate of a College of Physicians is also a physician; but neither can entitle himself "Doctor" until he has obtained the *summi in medicinâ honores*, which only a University can grant. A Bachelor of Laws is a lawyer, and a Bachelor of Divinity is a divine; but neither can call himself (or indeed does call himself) "Doctor" till he has graduated Doctor of Laws or Doctor of Divinity. Why should medical practitioners ignobly covet and confer on themselves a title which the lawyer or the theologian, in a precisely similar stage of graduation, never dreams of assuming till he has earned the full degree? The public, however, are becoming cognisant of the special import of professional titles, and will not fail to relegate to his proper category the usurper of a degree which does not legally belong to him. *Pinderum quisquis studet æmulari* has before his eyes the warning sung by Horace (Odes IV. 2, *ad init.*)

QUACK ADVERTISEMENTS.

L. O. P. D. should make a specialty of quack detection, while his services ought to be retained by the Medical Council. He has just succeeded in unearthing the author of a quack advertisement, addressed to consumptive patients, and heralded by a blasphemous use of scripture. When such persons can with impunity practise, the inefficacy of the existing Medical Act becomes painfully manifest.

DR. TIDY'S TEST FOR ALBUMEN.

To the Editor of THE LANCET.

SIR,—I write to say that I have been trying Dr. Tidy's new test for albumen by means of equal volumes of acetic and carbolic acids mixed, and have found it a very convenient test for small quantities of albumen in urine. If a small quantity of the urine in Bright's disease be mingled with five or six times its volume of water, Dr. Tidy's test shows the presence of albumen in the fluid. As yet I have not found any similar reaction in ordinary urine.

Yours obediently,

April 22nd, 1870. CHARLES DRYSDALE, M.D.

ERRATUM.—In our last week's annotation on the Civil Service Estimates, a typographical error makes it appear that the expenses of inquiries under the Public Health Act are estimated for the current year at £23,000; the actual sum is £2300.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Gamgee; Dr. Murchison; Mr. Spencer Wells; Dr. Meadows; Dr. L. Aitken, Edinburgh; Dr. Drysdale; Mr. Hovell; Mr. Curran; Mr. J. Muriel, Lichfield; Mr. Lowman; Dr. Duncan, Edinburgh; Dr. Mandsley; Dr. Hemingway, Steeple Aston; Messrs. Howe and Co.; Mr. Roberts, Malvern; Dr. Guppy, Falmouth; Mr. Huxley, St. Martins; Dr. Hooper; Mr. Sapple, Colton; Mr. Lawrence; Dr. Whalley; Dr. Gourley, West Hartlepool; Mr. Oulton; Dr. Fryer; Mr. Thompson, jun., Nottingham; Mr. Douglas; Mr. Atchley; Mr. Robinson, Salford; Mr. Williams, Burton-on-Trent; Mr. R. Simon, Dursley; Mr. Brazier; Mr. Poole; Mr. Braumüller, Wien; Mr. Chadwick; Mr. Duncan; Dr. Crisp; Dr. Green; Dr. Merton, Glasgow; Mr. Harvey; Dr. Thornley, Newry; Mr. Maw, Bruseley; Mr. W. Jones; Mr. Barrow, Manchester; Mr. Worthington, Lowestoft; Dr. Cortis; Mr. W. Smith; Dr. Rattray; Mr. Steane; Mr. J. Adams; Mr. Knaggs; Mr. F. Farland, Woolwich; Dr. Williams, Bradford; Mr. Gibbs; Mr. Pike; Dr. Crombie; Mr. Thorpe; Mr. Whiteley; Mr. Brien; Mr. Gregson; Mr. Haddon, Yarmouth; Mr. Horne, Halifax; Mr. Fox; Dr. Crispi, Brussels; Mr. Jenkins; Mr. James, Nantwich; Mr. Oxley; Mr. Greene, Durham; Mr. Mayne, Tunbridge; Mr. Norris, Chester; Mr. Birtwhistle; Dr. Becklit; Mr. Wilson, Brighton; Dr. Lyle, Exeter; Mr. Herbert, Billinghurst; Dr. Pennefather; Mr. Morgan, Ipswich; Mr. Smith, Stirling; Mr. Goodall, Birmingham; Dr. Jeaffreson, Framlingham; Dr. Angove, Camborne; Mr. Babb, Aberdeen; Dr. Jones; Mr. Leacock, Falmouth; Mr. Pepgram, Lower Tottenham; Dr. Davies; Mr. De Laine, Chichester; Mr. R. Deakin, Hulme; Mr. Comfield; Mr. Dalton; Mr. Thorne; Mr. W. Travers, Sunderland; Dr. Heslop, Birmingham; Mr. Palmer; Mr. B. Lamond; Mr. Manning, Edgware; Mr. Holland, Great Grimsby; Mr. E. Smith, Whitehaven; Mr. French, Walsingham; Dr. Laseron; Mr. Harris; Mr. Denman, Peterborough; Mr. Davies, Morriston; Mr. Walters; Mr. Worsley; Mr. Wright, Ipswich; The Vice-Chancellor of the University of London; M.R.C.V.S.; Medicus; A Lady Life Governor; The Inspector of Salmon Fisheries; H. J.; Civil Surgeon; M.D. and L.R.C.P.L.; Non-Registered; A Surgeon; Delta; Observer; G. C. D.; L. O. P. D.; J. M.; Veritas; ——, Calcutta; A Constant Reader; On Leave; A M. D.; A Non-Sceptical Staff Surgeon; The late House-Surgeon of the Bucks Infirmary; Clericus; M.D.; H.; Medical Society of London; J. S.; &c. &c.

American Journal of Syphilography and Dermatology, Chorley Standard, Downpatrick Recorder, El Eco de las Ciencias Medicos, Brighton Gazette, California Medical Gazette, Edinburgh Evening Courant, South Bucks Free Press, Beverley Recorder, North Wales Chronicle, Bradford Daily Telegraph, Scarborough Gazette, Western Daily Mercury, Kidderminster Times, Liverpool Daily Courier, West Sussex Gazette, Falmouth Post, and *Bournemouth Directory* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.